

STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR

DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550 Sacramento, CA 95815
T (916) 263-2300 F (916) 263-2140 I www.dbc.ca.gov



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0023 Type of Application: (check one) ☐ Employment⊠ License, Certification, Permit ☐ Volunteer	
Job Title or Type of License, Certification or Permit: <u>DENTAL BOARD</u>	
Agency Address Set Contributing Agency:	00400
DENTAL BOARD OF CALIFORNIA Agency authorized to receive criminal history	Mail Code (five-digit assigned by DOJ)
2005 Evergreen Street, Suite 1550	EXAMINATION UNIT
Street No. Street or PO Box	Contact Name (Mandatory for all school submissions)
Sacramento, CA 95815	(916) 263-2300
City State Zip Code	Contact Telephone No.
Name of Applicant:	
(Please Print) Last AKA's	First MI CDL No.
Last First	CDL NO
DOB: WT:	Misc. No. BIL - APPLICANT TO PAY
HT: HAIR color:	Agency Billing Number (if applicable) Home Address: (Applies only if Youth Org/HRA or Public Utility submission)
TIAIX COIOI.	TIOTIC Address. (Applies only if Youth Org/HRA of Public Utility submission)
POB:	Street or PO Box
SOC:	City, State and Zip Code
Your Number: DDS	
OCA No. (Agency Identifying No.)	
Level Of Service DOJ⊠ FBI⊠	
If resubmission, list Original ATI No.	
Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)	
Employer Name	
Limployer Name	
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Street No. Street or PO Box	Mail Code (five digit code assigned by DOJ)
City State	Zip Code Agency Telephone No. (Optional)
Live Seen Transportion Completed Dv.	Data
Live Scan Transaction Completed By:	Dateame of Operator
· ·	unio di Operator
Transmitting Agency A	TI No. Amount Collected/Billed

BCII 8016 (Rev10/98) ORIGINAL-Live Scan Operator, SECOND COPY-Requesting Agency; THIRD COPY-Applicant