



REQUEST FOR LIVE SCAN SERVICE
 Applicant Submission

ORI: <u>A0023</u> Type of Application: (check one) <input type="checkbox"/> Employment <input checked="" type="checkbox"/> License, Certification, Permit <input type="checkbox"/> Volunteer <small>Code assigned by DOJ</small>		
Job Title or Type of License, Certification or Permit: <u>DENTAL BOARD</u>		
Agency Address Set Contributing Agency: <u>DENTAL BOARD OF CALIFORNIA</u>		
Agency authorized to receive criminal history <u>2005 Evergreen Street, Suite 1550</u>		Mail Code (five-digit assigned by DOJ) <u>06129</u>
Street No. <u>Sacramento, CA 95815</u>	Street or PO Box _____	Contact Name (Mandatory for all school submissions) <u>EXAMINATION UNIT</u>
City _____	State _____	Contact Telephone No. <u>(916) 263-2300</u>
Name of Applicant: (Please Print) Last First MI _____		
AKA's Last First CDL No. _____		
DOB: _____	WT: _____	Misc. No. <u>BIL – APPLICANT TO PAY</u> <small>Agency Billing Number (if applicable)</small>
HT: _____	HAIR color: _____	Home Address: (Applies only if Youth Org/HRA or Public Utility submission) _____
POB: _____		Street or PO Box _____
SOC: _____		City, State and Zip Code _____
Your Number: <u>DDS</u> <small>OCA No. (Agency Identifying No.)</small>		
If resubmission, list Original ATI No. _____		
Level Of Service DOJ <input checked="" type="checkbox"/> FBI <input checked="" type="checkbox"/>		
Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)		
Employer Name _____		
Street No. _____	Street or PO Box _____	Mail Code (five digit code assigned by DOJ) _____
City _____	State _____	Zip Code _____
Agency Telephone No. (Optional) _____		
Live Scan Transaction Completed By: _____ <small>Name of Operator</small>		Date _____
Transmitting Agency _____	ATI No. _____	Amount Collected/Billed _____