

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0133 Type of Application: License/Certification
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Veterinarian/Veterinary Technician

Agency Address Set Contributing Agency:

Veterinary Medical Board

06386

Agency authorized to receive criminal history information

Mail Code (five digit code assigned by DOJ)

2005 Evergreen St., Suite 2250

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

Sacramento CA

95815-3831

(916) 263-2610

City State Zip Code

Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI

Alias: _____ Driver's License No. _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. **BIL-** Applicant must pay
Agency Billing Number (if applicable)

Height: _____ Weight: _____ Misc. No.: _____

Eye Color: _____ Hair Color: _____ Home Address: N/A
Street or P.O. Box

Place of Birth: _____ N/A
City, State and Zip Code

SOC# _____

Your Number: N/A
OCA No. (Agency Identifying No.)

Level of Service DOJ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

N/A

Employer Name

N/A

N/A

Street No. Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

N/A

City State Zip Code

() N/A
Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency

ATI No.

Amount Collected/Billed