REQUEST FOR LIVE SCAN SERVICE FORM
Applicant Submission

ORI: **A0134** (Code assigned by DOJ)

Type of Application (check one) ☐ Employment ☑ License, Certification, Permit ☐ Volunteer

Job Title or Type of License, Certification or Permit: License Type **(CHECK ONE)** ☐ VOCATIONAL NURSE ☐ PSYCHIATRIC TECHNICIAN

Agency Address Set Contributing Agency

BOARD OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIANS — **01487**

Agency authorized to receive criminal history information — Mail Code (five-digit code assigned by DOJ)

2535 CAPITOL OAKS DRIVE, SUITE 205

Street No. Street or PO Box — Contact Name(mandatory for all school submissions)

SACRAMENTO, CA 95833 — **(916) 263-7800**

City State Zip Code — Contact Telephone No.

Name of Applicant: ______________________________
(Please Print) Last First MI

AKA's: ______________ CDL No. ______________
Last First

DOB: ________ SEX: ☐ Male ☐ Female Misc. No. **BIL: APPLICANT MUST PAY**

HGT: ________ WGT: ________ Misc No: ______________

EYE Color: ______ HAIR Color: ________ Home Address: (Applies only if Youth Org/HRA or Public Utility)

POB: ______________ ______________ Street or PO Box

SOC: ______________ ______________ City, State and Zip Code

Your Number: ______________
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, & Department of Corporations submissions only)

LEAVE THIS SECTION BLANK

Employer Name

Street No. Street or PO Box — Mail Code (five digit code assigned by DOJ

City State Zip — Agency Telephone No. (optional)

Live Scan Transaction Completed By: ______________ Date: ______________

Transmitting Agency — ATI No. — Amount Collected/Billed

BCII 8016 · ORIGINAL-Live Scan Operator: SECOND COPY-Requesting Agency THIRD COPY-Applicant