

EXAMINATION

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

EXAMINATION

ORI: A0391 Type of Application: (check one) Employment License, Certification, Permit Volunteer
Code Assigned by DOJ

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

BOARD OF REGISTERED NURSING, DCA
Agency authorized to receive criminal history information

05753
Mail Code (five-digit code assigned by DOJ)

PO BOX 944210
Street No. Street or PO Box

N/A
Contact Name (Mandatory for all school submissions)

SACRAMENTO CA 94244-2100
City State Zip Code

() N/A
Contact Telephone No.

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

AKA's: _____
Last First

CA Driver's License #: _____

DOB: _____ SEX: Male Female

Misc. No. APPLICANT MUST PAY
Agency Billing Number (if applicable)

HT: _____ WT: _____

Misc. No. N/A

EYE Color: _____ HAIR Color: _____

Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

Place of Birth: _____

N/A
Street or PO Box

SOC: _____

N/A
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, and Department of Corporations submissions only)

N/A
Employer Name

N/A
Street No. Street of PO Box

N/A
Mail Code (five digit code assigned by DOJ)

N/A
City State Zip Code

N/A
Agency Telephone No. (Optional)

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

Transmitting Agency ATI No. Amount Collected/Billed