

## REQUEST FOR LIVE SCAN SERVICE Applicant Submission

(License, Certification, Permit Only, or Business Partner Automation Program Participant)

*To verify your identity, please bring an official governmental photo document (e.g., driver license, identification card, passport, etc.) with you to the live scan site. Processing fees are non-refundable.*

*Please read instructions on reverse before completing form.*

1. CODE ASSIGNED BY DOJ  
 ORI: A0059

**APPLICANT COMPLETES (EXCEPT ITEM 15) — PLEASE PRINT.**

2. CHECK APPROPRIATE BOX (SEE REVERSE FOR INSTRUCTIONS)

**Ambulance Driver Certificate Only**

A.  Department of Motor Vehicles  
 Licensing Operations Division  
 Occupational Licensing Branch  
 P. O. Box 932342 MS—L224  
 Sacramento, CA 94232-3420  
  
**Five Digit Mail Code: 04620**  
  
**Contact: Operations Manager**  
**916-229-3153**

B.  Department of Motor Vehicles  
 Licensing Operations Division  
 Issuance, Commercial Driver License  
 P.O. Box 942890  
 Sacramento, CA 94232-3420  
  
**Five Digit Mail Code: 04621**  
  
**Contact: CDL/PDPS Manager**  
**916-657-5771**

3. TYPE OF APPLICATION (ONLY IF CHECKING BOX "A" ABOVE) — Check One

- License     Certification     Permit     Business Partner Automation Program Participant (BPA)  
 Employer Testing Program Examiner (ETP)

4. APPLICANT NAME (LAST, FIRST, MIDDLE INITIAL)

5. AKA (LAST, FIRST)

ADDITIONAL AKA (LAST, FIRST)

6. DATE OF BIRTH	7. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	8. HEIGHT	9. WEIGHT	10. EYE COLOR	11. HAIR COLOR
------------------	--	-----------	-----------	---------------	----------------

12. PLACE OF BIRTH	13. SOCIAL SECURITY NUMBER
--------------------	----------------------------

14. CALIFORNIA DRIVER LICENSE/IDENTIFICATION NUMBER	15. NO BILLING NUMBER—APPLICANT PAYS	16. MISCELLANEOUS NUMBER
---	--------------------------------------	--------------------------

17. HOME ADDRESS AND TELEPHONE NUMBER	STREET	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
---------------------------------------	--------	------	-------	----------	------------------

18. YOUR NUMBER (OCA NUMBER—AGENCY IDENTIFYING NUMBER) OLAD	19. IF RESUBMISSION, LIST ORIGINAL ATI NUMBER	20. LEVEL OF SERVICE <input checked="" type="checkbox"/> DOJ <input type="checkbox"/> FBI-BPA/ETP CHECK
--	---	--

**LIVE SCAN OPERATOR COMPLETES**

21. OPERATOR COMPLETING LIVE SCAN TRANSACTION <i>JACQUELYN SMITH</i>	22. DATE		
23. TRANSMITTING AGENCY (LSID NUMBER) <i>TGA</i>	24. ATI NUMBER	25. AMOUNT COLLECTED	26. AMOUNT BILLED

**DISTRIBUTION:** ORIGINAL - Live Scan Operator  
 SECOND COPY - Requesting Agency  
 THIRD COPY - Applicant