



REQUEST FOR LIVE SCAN SERVICE

Print Form

Reset Form

Applicant Submission

A0133
ORI (Code assigned by DOJ)

License/Registration
Authorized Applicant Type

Veterinarian/Veterinary Tech
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Veterinary Medical Board
Agency Authorized to Receive Criminal Record Information

06386
Mail Code (five-digit code assigned by DOJ)

1747 N. Market Blvd., Ste. 230
Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Sacramento CA 95834
City State ZIP Code

(916) 515-5220
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number Applicant Must Pay (Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number (Other Identification Number)

Home Address N/A Street Address or P.O. Box

N/A City N/A State N/A ZIP Code

Your Number: N/A
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

N/A
Employer Name

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

N/A
Street Address or P.O. Box

N/A N/A N/A
City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed