



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0134
ORI (Code assigned by DOJ)

License/Certification/Permit
Authorized Applicant Type

Vocational Nurse

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

Contributing Agency Information:

Board of Vocational Nursing & Psychiatric Technicians
Agency Authorized to Receive Criminal Record Information

01487
Mail Code (five-digit code assigned by DOJ)

2535 Capitol Oaks Drive Suite 205
Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Sacramento CA 95833
City State ZIP Code

(916) 263-7800
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name

First Name 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 Street Address or P.O. Box

City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

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

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box Telephone Number (optional)

City State ZIP Code Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:			
JACQUELYN SMITH			
Name of Operator		Date	
TCA			
Transmitting Agency	LSID	ATI Number	Amount Collected/Billed