



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

**A0391**

ORI (Code assigned by DOJ)

**LICENSE, CERTIFICATION, PERMIT**

Authorized Applicant Type

**REGISTERED NURSE LICENSE**

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

#### Contributing Agency Information:

**BOARD OF REGISTERED NURSING, DCA**

Agency Authorized to Receive Criminal Record Information

**PO BOX 944210**

Street Address or P.O. Box

**SACRAMENTO**

City

**CA 94244-2100**  
State ZIP Code

**05753**

Mail Code (five-digit code assigned by DOJ)

**ATTN: FINGERPRINT UNIT**

Contact Name (mandatory for all school submissions)

**FAX TO: (916) 574-8647**

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 PAYS ALL FEES**

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number

**N/A**

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number: RN #

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**

**N/A**

Employer Name

Mail Code (five digit code assigned by DOJ)

**N/A**

Street Address or P.O. Box

**N/A**

**N/A**

**N/A**

**N/A**

City

State

ZIP Code

Telephone Number (optional)

#### Live Scan Transaction Completed By:

**JACQUELYN SMITH**

Name of Operator

Date

**Temple Agency**

**007**

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed