

CA Bureau of Security & Investigative Services
Security Guard Live Scan Request Form



Applicant Submission

ORI: A0522 Type of Application: Security Guard
Code assigned by DOJ _____
Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:
Bureau of Security & Investigative Services 06078
Agency authorized to receive criminal history information _____ Mail Code (five digit code assigned by DOJ) _____
P.O. BOX 989002 Licensing
Street No. _____ Street or P.O. Box _____ Contact Name (Mandatory for all school submissions) _____
West Sacramento CA 95798-9002 (916) 322-4000
City _____ State _____ Zip Code _____ Contact Telephone No. _____

Name of Applicant: _____
(please print) Last First MI
Alias: _____ Driver's License No. _____
Last First
Date of Birth: _____ Sex: Male Female Misc. No. BIL- N/A
Agency Billing Number (if applicable) _____
Height: _____ Weight: _____ Misc. No: _____
Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box _____
Place of Birth: _____ City, State and Zip Code _____
SOC or ITIN: _____

Your Number: _____ Level of Service DOJ FBI
OCA No. (Agency Identifying No.) _____
If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)
Employer Name _____
Street No. _____ Street or P.O. Box _____ Mail Code (five digit code assigned by DOJ) _____
City _____ State _____ Zip Code _____ Agency Telephone No. (optional) _____

Live Scan Transaction Completed By: JACOUELYN SMITH Date: _____
Name of Operator
TCA _____
Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____