REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0522 Type of Application: Security Guard w/Firearm 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 Teleph	none No.			
Name of Applicant: (please print) Last	First		MI			
Alias: Last First		Driver's License No	D			
Date of Birth: Sex: Male	Female	Misc. No. BIL-	N/A Agency Billing Number (if applicable)			
Height: Weight:		Misc. No:	Agency billing Number (II applicable)			
Eye Color: Hair Color:		Home Address:	Street or P.O. Box			
Place of Birth:						
		City, State and Zip Code				
SOC:						
Your Number: OCA No. (Agency Identifying No.)		Level of Service	X DOJ X FBI			
If resubmission, list Original ATI No.						
Employer: (Additional response for agencies specified by sta	atute)					
Employer Name						
Street No. Street or P.O. Box		Mail (Code (five digit code assigned by DOJ)			
City State	Zip Code	Agen	cy Telephone No. (optional)			
Live Scan Transaction Completed By: Name of C	Operator		Date:			
Transmitting Agency A	ATI No.		Amount Collected/Billed			

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P.O. BOX 989002		Licensing				
Street No. Street or P.O. Box		Contact Name (Mandatory for all school submissions)				
	8-9002	(916) 322-4000				
City State Zip Code	e	Contact Telephone N	0.			
Name of Applicant: (please print) Last	First		MI			
A Earl		Diriyada Lisasaa Na				
Alias: Last First		Driver's License No.				
Date of Birth: Sex: Male	Female	Misc. No. BIL-	NA gency Billing Number (if applicable)			
Height: Weight:		Misc. No:				
Eye Color: Hair Color:		Home Address:	Street or P.O. Box			
Place of Birth:						
SOC:		City, State and Zip Code				
Your Number: OCA No. (Agency Identifying No.)	-	Level of Service X	DOJ X FBI			
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 (f	five digit code assigned by DOJ)			
City State	Zip Code	() Agency Tele	ephone No. (optional)			
Live Scan Transaction Completed By: Name of Operator Date:						
Transmitting Agency	ATI No.		Amount Collected/Billed			

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Bureau of Security & Investigative Services Agency authorized to receive criminal history information		. — 06078 — 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 957 City State Zip C	798-9002 Code	(916) 322-4000 Contact Telephone No.				
Oity Cano Lip C		Contact Totophone 110.				
Name of Applicant: (please print) Last	First	MI				
Alias:		Driver's License No.				
Last First		-				
Date of Birth: Sex: Make	e Female		N/A / Billing Number (if applicable)			
Height: Weight:		Misc. No:				
Eye Color: Hair Color:		Home Address: Stree	t or P.O. Box			
Place of Birth:						
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		<u>-</u>				
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Live Scan Transaction Completed By: Date:						
Name of Operator						
Transmitting Agency	ATI No.		Amount Collected/Billed			