

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: <u>A0522</u> Code assigned by DOJ	Type of Application: <u>Security Guard w/Firearm</u>
Job Title or Type of License, Certification or Permit: <u>G/FQ Security Guard w/Firearms</u>	

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

Name of Applicant: _____ (please print) Last First MI		
Alias: _____ Last First	Driver's License No. _____	
Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL- <u>N/A</u> 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: _____		

Your Number: _____ OCA No. (Agency Identifying No.)	Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> 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 (five digit code assigned by DOJ)
City _____	State _____	Zip Code _____ () _____ Agency Telephone 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

06078

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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: _____
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SOC: _____

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West Sacramento CA 95798-9002 (916) 322-4000
City State Zip Code Contact Telephone No.

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