

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

ORI: A0433 Type of Application: License  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Physician Assistant

Agency Address Set Contributing Agency:  
Physician Assistant Board 06339  
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)

2005 Evergreen Street, Ste 1100 Licensing Staff  
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)

Sacramento CA 95815 (916) 561-8781  
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: \_\_\_\_\_

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)  
**This section is not applicable**

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: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

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