

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: <u>A0522</u> <small>Code assigned by DOJ</small>	Type of Application: <u>Alarm Co Lic</u>
Job Title or Type of License, Certification or Permit: <u>ACO Alarm Company Operator</u>	

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

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

Your Number: _____ <small>OCA No. (Agency Identifying No.)</small>	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 _____
		() _____ <small>Agency Telephone No. (optional)</small>

Live Scan Transaction Completed By: _____ <small>Name of Operator</small>		Date: _____
Transmitting Agency _____	ATI No. _____	Amount Collected/Billed _____

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ORI: <u>A0522</u> <small>Code assigned by DOJ</small>	Type of Application: <u>Alarm Co Lic</u>
Job Title or Type of License, Certification or Permit: <u>ACO Alarm Company Operator</u>	

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

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

Your Number: _____ <small>OCA No. (Agency Identifying No.)</small>	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
_____	_____	_____ <small>Agency Telephone No. (optional)</small>

Live Scan Transaction Completed By: _____ <small>Name of Operator</small>	Date: _____	
Transmitting Agency _____	ATI No. _____	Amount Collected/Billed _____

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Applicant Submission

ORI: A0522 Type of Application: Alarm Co Lic
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: ACO Alarm Company Operator

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: _____

Your Number: _____ Level of Service DOJ FBI
OCA No. (Agency Identifying No.)

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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: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed

