

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0430 Code assigned by DOJ

Type of Application: (check one) Initial License / Certification / Permit
 Renewal License / Certification / Permit

Job Title or Type of License, Certification or Permit: Acupuncture License

Agency Address Set Contributing Agency: Acupuncture Board

Agency authorized to receive criminal history information

444 North 3rd Street, Suite 260

Street No. Street or PO Box

Sacramento CA 95811

City State Zip Code

05738

Mail Code (five-digit code assigned by DOJ)

N/A

Contact Name (Mandatory for all school submissions)

(916) 445-3021

Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

AKA's: _____
Last First

DOB: _____ SEX: Male Female

HT: _____ WT: _____

EYE Color: _____ HAIR Color: _____

POB: _____

SOC: _____

CDL No. _____

Misc. No. BIL - APPLICANT MUST PAY
Agency Billing Number (if applicable)

Misc. No. N/A

Home Address: (Applies only if Youth Org/HRA or Public Utility submission)
N/A
Street or PO Box
N/A
City, State and Zip Code

Your Number: _____
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Level of Service DOJ FBI

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name _____

Street No. Street or PO Box _____

City State Zip Code _____

Not Applicable to Applicant

Mail Code (five digit code assigned by DOJ) _____

() _____
Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

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