# REQUEST FOR LIVE SCAN SERVICE
## *Applicant Submission*

**ORI:** A0391 (Code Assigned by DOJ) Type of Application: (check one) ☐Employment ☑License, Certification, Permit ☐Volunteer

Job Title or Type of License, Certification or Permit: REGISTERED NURSE LICENSE

Agency Address Set Contributing Agency:

BOARD OF REGISTERED NURSING, DCA
Agency authorized to receive criminal history information

05753
Mail Code (five-digit code assigned by DOJ)

PO BOX 944210
Street No. Street or PO Box

N/A
Contact Name (Mandatory for all school submissions)

SACRAMENTO CA 94244-2100
City State Zip Code

( ) N/A
Contact Telephone No.

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

AKA's: X X
Last First

CA Driver's License #: X

DOB: X SEX: ☐Male ☐Female

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

HT: X WT: X

Misc. No. N/A

EYE Color: X HAIR Color: X

Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

Place of Birth: X

N/A
Street or PO Box

SOC: X

N/A
City, State and Zip Code

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

Level of Service ☑DOJ ☑FBI

If resubmission, list Original ATI No.

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

N/A
Employer Name

N/A
Street No. Street of PO Box

N/A
Mail Code (five digit code assigned by DOJ

N/A
City State Zip Code

N/A
Agency Telephone No. (Optional)

Live Scan Transaction By:
Name of Operator

Date:

Transmitting Agency ATI No. Amount Collected/Billed