



REQUEST FOR LIVE SCAN SERVICE
 Applicant Submission

ORI: <u>A0638</u> Type of Application: (check one) <input type="checkbox"/> Employment <input checked="" type="checkbox"/> License, Certification, Permit <input type="checkbox"/> Volunteer		
Code assigned by DOJ		
Job Title or Type of License, Certification or Permit: <u>Registered Dental Hygienist in Extended Functions</u>		
Agency Address Set Contributing Agency: <u>Dental Hygiene Committee of California</u>		
		<u>05635</u>
Agency authorized to receive criminal history		
<u>2005 Evergreen Street, Suite 1050</u>		Mail Code (five-digit assigned by DOJ)
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)
<u>Sacramento, CA 95815</u>		<u>(916) 263-1978</u>
City	State	Zip Code
		Contact Telephone No.
Name of Applicant: _____		
(Please Print)	Last	First MI
AKA's _____		CDL No. _____
	Last	First
DOB: _____	WT: _____	Misc. No. <u>BIL – APPLICANT TO PAY</u>
Agency Billing Number (if applicable)		
HT: _____	HAIR color: _____	Home Address: (Applies only if Youth Org/HRA or Public Utility submission)
POB: _____		Street or PO Box
SOC: _____		City, State and Zip Code
Your Number: <u>RDHEF</u>		
OCA No. (Agency Identifying No.)		
Level Of Service DOJ <input checked="" type="checkbox"/> FBI <input checked="" type="checkbox"/>		
If resubmission, list Original ATI No. _____		
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
		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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