

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0062 Type of Application: License, Cert, or Permit
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Lens Dispenser

Agency Address Set Contributing Agency:

CALIFORNIA STATE BOARD OF OPTOMETRY **06487**
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)

2450 DEL PASO ROAD, SUITE 105 **Jessica Swan**
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)

SACRAMENTO, CA 95834-9674 **(916) 575-7186**
City State Zip Code Contact Telephone No.

*Name of Applicant: (please print) _____ MI
Last First

*Alias: _____ *Driver's License No. _____
Last First

*Date of Birth: _____ *Sex Male Female Misc. No. BIL **APPLICANT MUST PAY**
Agency Billing Number (if applicable)

*Height: _____ *Weight: _____ Misc. No: **N/A**

*Eye Color: _____ *Hair Color: _____ *Home Address: _____
Street or P.O. Box

*Place of Birth: _____
City, State and Zip Code

*OPT License #: _____

*Social Security #: _____

Your Number: N/A **Level of Service** **DOJ** **FBI**
DCA No. (Agency Identifying No.)

If resubmission, list original ATI No. _____

Employer: (Additional response for agencies specified by statute)

N/A

Employer Name

N/A **N/A**
Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)

N/A **N/A**
City State Zip Code Agency Telephone No. (optional)

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

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