

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0062 <small>Code assigned by DOJ</small>	Type of Application: RENEWAL		
Job Title or Type of License, Certification or Permit: OPTOMETRIST			
Agency Address Set Contributing Agency:			
CALIFORNIA STATE BOARD OF OPTOMETRY		06487	
<small>Agency authorized to receive criminal history information</small>		<small>Mail Code (five digit code assigned by DOJ)</small>	
2450 DEL PASO ROAD, SUITE 105		LYDIA BRACCO	
<small>Street No.</small>	<small>Street or P.O. Box</small>	<small>Contact Name (Mandatory for all school submissions)</small>	
SACRAMENTO, CA	95834-9667	(916) 575-7170	
<small>City</small>	<small>State</small>	<small>Zip Code</small>	<small>Contact Telephone No.</small>
*Name of Applicant: (please print) _____ MI _____			
*Alias: _____		*Driver's License No. _____	
<small>Last</small> _____ <small>First</small> _____			
*Date of Birth: _____	*Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL	APPLICANT MUST PAY
		<small>Agency Billing Number (if applicable)</small>	
*Height: _____	*Weight: _____	Misc. No:	N/A
*Eye Color: _____	*Hair Color: _____	*Home Address: _____	
		<small>Street or P.O. Box</small>	
*Place of Birth: _____			
		<small>City, State and Zip Code</small>	
*OPT License #: _____			
*Social Security #: _____			
Your Number: _____	N/A	Level of Service	<input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI
<small>DCA No. (Agency Identifying No.)</small>			
If resubmission, list original ATI No. _____			
Employer: (Additional response for agencies specified by statute)			
N/A			
Employer Name _____			
N/A			
Street No. _____		N/A	
<small>Street or P.O. Box</small>		<small>Mail Code (five digit code assigned by DOJ)</small>	
N/A		() N/A	
<small>City</small>	<small>State</small>	<small>Zip Code</small>	<small>Agency Telephone No. (optional)</small>
Live Scan Transaction Completed By: _____ Date: _____			
		<small>Name of Operator</small>	
Transmitting Agency _____		ATI No. _____	
		<small>Amount Collected/Billed</small>	

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2450 DEL PASO ROAD, SUITE 105 <small>Street No. Street or P.O. Box</small>	LYDIA BRACCO <small>Contact Name (Mandatory for all school submissions)</small>
SACRAMENTO, CA 95834-9667 <small>City State Zip Code</small>	(916) 575-7170 <small>Contact Telephone No.</small>
*Name of Applicant: (please print) _____ <small>Last First MI</small>	
*Alias: _____ *Driver's License No. _____ <small>Last First</small>	
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*Height: _____ *Weight: _____ Misc. No: N/A	
*Eye Color: _____ *Hair Color: _____ *Home Address: _____ <small>Street or P.O. Box</small>	
*Place of Birth: _____ <small>City, State and Zip Code</small>	
*OPT License #: _____	
*Social Security #: _____	
Your Number: N/A <small>DCA No. (Agency Identifying No.)</small>	Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI
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N/A	
Employer Name	
N/A	
Street No. _____ Street or P.O. Box _____	Mail Code (five digit code assigned by DOJ) N/A
City _____ State _____ Zip Code _____	() _____ N/A <small>Agency Telephone No. (optional)</small>
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Transmitting Agency _____	ATI No. _____ Amount Collected/Billed _____

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*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		<input checked="" type="checkbox"/> Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI	
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N/A			
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N/A		N/A	
Street No. Street or P.O. Box		Mail Code (five digit code assigned by DOJ)	
N/A		() N/A	
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