



# REQUEST FOR LIVE SCAN SERVICE

*Applicant Submission*

ORI: <u>A0334</u>	Type of Application: <u>FINANCE LENDER LICENSE 22101.5 FC</u>
<small>Code assigned by DOJ</small>	
Job Title or Type of License, Certification, or Permit: _____	<u>FINANCE LENDER LICENSE</u>

<b>Agency Address Set Contributing Agency:</b>		
<u>DEPARTMENT OF BUSINESS OVERSIGHT</u>	<u>03918</u>	
<small>Agency authorized to receive criminal history information</small>	<small>Mail Code (five digit code assigned by DOJ)</small>	
<u>320 WEST 4<sup>TH</sup> STREET, SUITE 750</u>		
<small>Street</small>	<small>Contact Name</small>	
<u>LOS ANGELES, CA</u>	<u>90013-2344</u>	<u>(866) 275-2677</u>
<small>City</small>	<small>State</small>	<small>Zip Code</small>
		<small>Contact Telephone No.</small>

Name of Applicant: _____		
<small>Last *</small>	<small>First *</small>	<small>MI</small>
Alias: _____	Driver's License No. _____	
<small>Last</small>	<small>First</small>	
Date of Birth:* _____	Sex: <input type="radio"/> Male <input type="radio"/> Female	Misc. NO. BIL- _____
Height:* _____	Weight:* _____	Misc. No: _____
Eye Color:* _____	Hair Color: _____	Home Address:* _____
Place of Birth:* _____		<small>Street or P.O. Box</small>
SOC:* _____		<small>City, State and Zip Code</small>

Your Number: _____	Level of Service: <input type="radio"/> DOJ <input type="radio"/> FBI
<small>OCA No. (Agency Identifying No.)</small>	
If resubmission, list Original ATI No. _____	

<b>Employer:</b> (Additional response for agencies specified by statute)	
<b>DO NOT COMPLETE THIS SECTION</b>	
Employer Name _____	
Street _____	Mail Code (five digit code assigned by DOJ) _____
City _____	Agency Telephone No. (optional) _____
<small>State</small>	<small>Zip Code</small>

Live Scan Transaction Completed by: _____	Date: _____
Transmitting Agency _____	ATI No. _____
	Amount Collected/Billed _____

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<u>LOS ANGELES, CA</u>	<u>90013-2344</u>		
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Name of Applicant: _____	_____	_____	_____
	Last *	First *	MI
Alias: _____	_____	_____	Driver's License No. _____
	Last	First	
Date of Birth:* _____	Sex: <input type="radio"/> Male <input type="radio"/> Female	Misc. NO. BIL- _____	
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