

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: <u>A0334</u>	Type of Application: <u>LICENSE CERT OR PERMIT</u>
<small>Code assigned by DOJ</small>	
Job Title or Type of License, Certification, or Permit: <u>MORTGAGE BANKER LICENSE</u>	

Agency Address Set Contributing Agency:

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

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- _____	
Height:* _____	Weight:* _____	Misc. No: _____	
Eye Color:* _____	Hair Color: _____	Home Address:* _____	
Place of Birth:* _____		_____	Street or P.O. Box
SOC:* _____		_____	City, State and Zip Code

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. _____	

Employer: (Additional response for agencies specified by statute)

DO NOT COMPLETE THIS SECTION

Employer Name _____			
Street _____	Mail Code (five digit code assigned by DOJ) _____		
City _____	State _____	Zip Code _____	Agency Telephone No. (optional) _____

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

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: <u>A0334</u>	Type of Application: <u>LICENSE CERT OR PERMIT</u>
<small>Code assigned by DOJ</small>	
Job Title or Type of License, Certification, or Permit: <u>MORTGAGE BANKER LICENSE</u>	

Agency Address Set Contributing Agency:

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

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- _____	
Height:* _____	Weight:* _____	Misc. No: _____	
Eye Color:* _____	Hair Color: _____	Home Address:* _____	
Place of Birth:* _____		_____	Street or P.O. Box
SOC:* _____		_____	City, State and Zip Code

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. _____	

Employer: (Additional response for agencies specified by statute)

DO NOT COMPLETE THIS SECTION

Employer Name _____			
Street _____	Mail Code (five digit code assigned by DOJ) _____		
City _____	State _____	Zip Code _____	Agency Telephone No. (optional) _____

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