

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0334 Type of Application: DEFERRED DEPOSIT TRANSACTION LAW LICENSE
Code assigned by DOJ

Job Title or Type of License, Certification, or Permit: DEFERRED DEPOSIT TRANSACTION LAW LICENSE

Agency Address Set Contributing Agency:

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

Name of Applicant: _____
Last * First * MI
Alias: _____ Driver's License No. _____
Last First
Date of Birth:* _____ Sex: Male 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: DOJ FBI
OCA No. (Agency Identifying No.)
If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

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

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