



REQUEST FOR LIVE SCAN SERVICE Applicant Submission

(License, Certification, Permit Only, or Business Partner Automation Program Participant)

To verify your identity, please bring an official governmental photo document (e.g., driver license, identification card, passport, etc.) with you to the live scan site. Processing fees are non-refundable.

Please read instructions on reverse before completing form.

1. CODE ASSIGNED BY DOJ
ORI: A0059

APPLICANT COMPLETES (EXCEPT ITEM 15) — PLEASE PRINT.

2. CHECK APPROPRIATE BOX (SEE REVERSE FOR INSTRUCTIONS)

A. Department of Motor Vehicles
Licensing Operations Division
Occupational Licensing Branch
P. O. Box 932342 MS—L224
Sacramento, CA 94232-3420

Five Digit Mail Code: 04620

Contact: Operations Manager
916-229-3153

Ambulance Driver Certificate Only

B. Department of Motor Vehicles
Licensing Operations Division
Issuance, Commercial Driver License
P.O. Box 942890
Sacramento, CA 94232-3420

Five Digit Mail Code: 04621

Contact: CDL/PDPS Manager
916-657-5771

3. TYPE OF APPLICATION (ONLY IF CHECKING BOX "A" ABOVE) — Check One

License Certification Permit Business Partner Automation Program Participant
 Employer Testing Program Examiner

4. APPLICANT'S NAME (LAST, FIRST, MIDDLE INITIAL)

5. AKAS (LAST, FIRST)

ADDITIONAL AKAS (LAST, FIRST)

6. DATE OF BIRTH	7. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	8. HEIGHT	9. WEIGHT	10. EYE COLOR	11. HAIR COLOR
12. PLACE OF BIRTH			13. SOCIAL SECURITY NUMBER		
14. CALIFORNIA DRIVER LICENSE/IDENTIFICATION NUMBER		15. NO BILLING NUMBER—APPLICANT PAYS		16. MISCELLANEOUS NUMBER	
17. HOME ADDRESS AND TELEPHONE NUMBER		STREET	CITY	STATE	ZIP CODE TELEPHONE NUMBER

DMV COMPLETES

18. YOUR NUMBER (OCA NUMBER—AGENCY IDENTIFYING NUMBER) OLAD	19. IF RESUBMISSION, LIST ORIGINAL ATI NUMBER	20. LEVEL OF SERVICE <input checked="" type="checkbox"/> DOJ <input type="checkbox"/> FBI
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LIVE SCAN OPERATOR COMPLETES

21. OPERATOR COMPLETING LIVE SCAN TRANSACTION		22. DATE	
23. TRANSMITTING AGENCY (LSID NUMBER) TAKE5 FINANCIAL GROUP JB6		24. ATI NUMBER	25. AMOUNT COLLECTED \$52.00
		26. AMOUNT BILLED \$32 / \$20	

DISTRIBUTION: ORIGINAL - Live Scan Operator
SECOND COPY - Requesting Agency
THIRD COPY - Applicant