



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0391
ORI (Code assigned by DOJ)

LICENSE, CERTIFICATION, PERMIT
Authorized Applicant Type

REGISTERED NURSE LICENSE
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

BOARD OF REGISTERED NURSING, DCA
Agency Authorized to Receive Criminal Record Information

05753
Mail Code (five-digit code assigned by DOJ)

PO BOX 944210
Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

SACRAMENTO CA 94244-2100
City State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

TAKE5 FINANCIAL GROUP JB6

Transmitting Agency LSID

ATI Number

Amount Collected/Billed