

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: CA0349466 Type of Application: STATE GAMBLING LICENSE
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: GAMBLING LIC TRIBAL VENDR

Agency Address Set Contributing Agency:
BUREAU OF GAMBLING CONTROL 06199
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)
PO BOX 168024
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)
SACRAMENTO CA 95816
City State Zip Code Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI
Alias: _____ Driver's License No. _____
Last First
Date of Birth: _____ Sex: Male Female Misc. No. **BIL-** 199997
Height: _____ Weight: _____ Misc. No: Agency Billing Number (if applicable)
Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box
Place of Birth: _____
City, State and Zip Code
SOC: _____

Your Number: _____ Level of Service DOJ FBI
TRIBAL VENDOR
OCA No. (Agency Identifying No.)
If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)
Employer Name _____
Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)
City State Zip Code ()
Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator
Transmitting Agency _____ ATI No. _____ Amount Collected/Billed