

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

ORI: <u>A5130</u> Code assigned by DOJ	Type of Application: <u>License</u>
Job Title or Type of License, Certification or Permit: <u>Naturopathic Doctor</u>	

Agency Address Set Contributing Agency: <u>Naturopathic Medicine Committee</u>	<u>02749</u> Mail Code (five digit code assigned by DOJ)
Agency authorized to receive criminal history information <u>1300 National Drive, Suite 150</u>	<u>N/A</u> Contact Name (Mandatory for all school submissions)
Street No. <u>Sacramento, CA</u> Street or P.O. Box <u>95834-1991</u>	<u>(916) 928-4785</u> Contact Telephone No.
City <u>Sacramento, CA</u> State <u>CA</u> Zip Code <u>95834-1991</u>	

Name of Applicant: (please print) _____ Last First MI	Driver's License No. _____
Alias: _____ Last First	Misc. No. <b>BIL-</b> <u>Applicant Must Pay</u> Agency Billing Number (if applicable)
Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No: _____
Height: _____ Weight: _____	Home Address: _____ Street or P.O. Box
Eye Color: _____ Hair Color: _____	City, State and Zip Code _____
Place of Birth: _____	
SOC: _____	

Your Number: _____ OCA No. (Agency Identifying No.)	Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI
If resubmission, list Original ATI No. _____	

Employer: (Additional response for agencies specified by statute) <u>N/A</u>	
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: _____ Name of Operator	Date: _____
Transmitting Agency _____	ATI No. _____
	Amount Collected/Billed _____

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Applicant Submission

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Job Title or Type of License, Certification or Permit: Naturopathic Doctor

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Naturopathic Medicine Committee 02749  
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)

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Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)

Sacramento, CA 95834-1991 (916) 928-4785  
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-** Applicant Must Pay  
Agency Billing Number (if applicable)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. No: \_\_\_\_\_

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  
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N/A

Employer Name \_\_\_\_\_

Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)

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Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed

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