

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> City	Street or P.O. Box <u>95834-1991</u> State	<u>(916) 928-4785</u> Contact Telephone No.
	Zip Code	

Name of Applicant: _____ (please print) Last First MI		
Alias: _____ Last First	Driver's License No. _____	
Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL- <u>Applicant Must Pay</u> 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: _____ 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 _____

