REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: AO434 (Code assigned by DOJ) Type of Application: License, Certification, Permit

Job Title or Type of License, Certification or Permit: Doctor of Podiatric Medicine

Agency Address Set Contributing Agency:

Board of Podiatric Medicine — Agency authorized to receive criminal history information
03802 — Mail Code (five digit code assigned by DOJ)

2005 Evergreen Street, Suite 1300 — Street No. Street or P.O. Box
Kia-Maria Zamora — Contact Name (Mandatory for all school submissions)

Sacramento — City
CA — State
95815 — Zip Code
(916) 263-2649 — Contact Telephone No.

Name of Applicant: (please print) Last First MI

Alias: Last First

Driver's License No.

Date of Birth: Sex: ☐ Male ☐ Female

Misc. No. BIL- BIL - 100026 (Agency Billing Number (if applicable))

Height: Weight: Misc. No:

Eye Color: Hair Color: Home Address: N/A (Street or P.O. Box)

Place of Birth: N/A (City, State and Zip Code)

SOC#

Your Number: BPM (OCA No. (Agency Identifying No.)) Level of Service ☒ DOJ ☒ FBI

If resubmission, list Original ATI No.

Employer: (Additional response for agencies specified by statute)

N/A — Employer Name

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

N/A — City State Zip Code
( ) N/A — Agency Telephone No. (optional)

Live Scan Transaction Completed By: Name of Operator Date:

Transmitting Agency ATI No. Amount Collected/Billed

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REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: A0434 (Code assigned by DOJ) Type of Application: License, Certification, Permit

Job Title or Type of License, Certification or Permit: Doctor of Podiatric Medicine

Agency Address Set Contributing Agency:

Board of Podiatric Medicine — Agency authorized to receive criminal history information
03802 — Mail Code (five digit code assigned by DOJ)

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Kia-Maria Zamora — Contact Name (Mandatory for all school submissions)

Sacramento — City
CA — State
95815 — Zip Code
(916) 263-2649 — Contact Telephone No.

Name of Applicant: (please print) Last First MI

Alias: Last First

Driver's License No.

Date of Birth: Sex: ☐ Male ☐ Female

Misc. No. BIL- BIL - 100026 (Agency Billing Number (if applicable))

Height: Weight: Misc. No:

Eye Color: Hair Color: Home Address: N/A (Street or P.O. Box)

Place of Birth: N/A (City, State and Zip Code)

SOC#

Your Number: OCA No. (Agency Identifying No.)

Level of Service ☒ DOJ ☒ FBI

If resubmission, list Original ATI No.

Employer: (Additional response for agencies specified by statute)

N/A — Employer Name

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

N/A — City State Zip Code
( ) N/A — Agency Telephone No. (optional)

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REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: A0434 (Code assigned by DOJ) Type of Application: License, Certification, Permit

Job Title or Type of License, Certification or Permit: Doctor of Podiatric Medicine

Agency Address Set Contributing Agency:

Board of Podiatric Medicine — Agency authorized to receive criminal history information
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