

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0437 Type of Application: (check one) Employment License, Certification, Permit Volunteer
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: Speech Pathologist Audiologist Speech Assistant Speech Aide Audiology Aide

PLEASE CIRCLE ONE

Agency Address Set Contributing Agency:

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
Agency authorized to receive criminal history information

06187

Mail Code (five-digit code assigned by DOJ)

2005 Evergreen Street, Suite 2100

N/A

Contact Name (Mandatory for all school submissions)

Street No. Street or PO Box

Sacramento

CA

95815

()

City

State

Zip Code

Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

AKA's: _____
Last First

CDL No. _____

DOB: _____ SEX: Male Female

Misc. No. BIL - Applicant Must Pay At Site
Agency Billing Number (if applicable)

HT: _____ WT: _____

Misc. No. _____

EYE Color: _____ HAIR Color: _____

Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

POB: _____

Street or PO Box

SOC: _____

City, State and Zip Code

Your Number: 7700 SLP/AU
OCA No. (Agency Identifying No.)

Level of Service DOJ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

THIS SECTION IS NOT APPLICABLE

Employer Name _____

Street No. Street or PO 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 _____