

**DENTAL BOARD OF CALIFORNIA
ORTHODONTIC ASSISTANT LICENSE
LIVE SCAN REQUEST FORM**



REQUEST FOR LIVE SCAN SERVICE

Fingerprint Applicant Submission

ORI: <u>A0023</u> Type of Application: (check one) <input type="checkbox"/> Employment <input checked="" type="checkbox"/> License, Certification, Permit <input type="checkbox"/> Volunteer			
Code assigned by DOJ			
Job Title or Type of License, Certification or Permit:		<u>Orthodontic Assistant</u>	
Agency Address Set Contributing Agency: <u>DENTAL BOARD OF CALIFORNIA</u>			
Agency authorized to receive criminal history <u>2005 Evergreen Street, Suite 1550</u>		<u>06129</u>	
Street No.	Street or PO Box	Mail Code (five-digit assigned by DOJ) <u>EXAMINATION UNIT</u>	
<u>Sacramento, CA 95815</u>		Contact Name (Mandatory for all school submissions) <u>(916) 263-2300</u>	
City Code	State	Zip	Contact Telephone No.
Name of Applicant: (Please Print)			
Last		First	MI
AKA's		CDL No.	
Last		First	
DOB:	WT:	Misc. No. <u>BIL – APPLICANT TO PAY</u>	
HT:	HAIR color:	Agency Billing Number (if applicable)	
		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:	<u>OA</u>		
	OCA No. (Agency Identifying No.)		
If resubmission, list Original ATI No.		Level Of Service	DOJ <input checked="" type="checkbox"/> FBI <input checked="" type="checkbox"/>
Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)			
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	

BCII 8016 (Rev10/98) **ORIGINAL-Live Scan Operator, SECOND COPY-Requesting Agency; THIRD COPY-Applicant**

