

ORI: A0522 Type of Application: Alarm Co Lic
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:
Bureau of Security & Investigative Services 06078
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)

P.O. BOX 989002 Licensing
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)

West Sacramento CA 95798-9002 (916) 322-4000
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-** N/A
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: or ITIN: _____

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

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

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: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

ORI: A0522 Type of Application: Alarm Co Lic
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:
Bureau of Security & Investigative Services 06078
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)

P.O. BOX 989002 Licensing
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)

West Sacramento CA 95798-9002 (916) 322-4000
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-** N/A
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: or ITIN: _____

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

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

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: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

ORI: A0522 Type of Application: Alarm Co Lic
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:
Bureau of Security & Investigative Services 06078
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)

P.O. BOX 989002 Licensing
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)

West Sacramento CA 95798-9002 (916) 322-4000
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-** N/A
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: or ITIN: _____

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

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

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: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____