

**DENTAL BOARD OF CALIFORNIA
LICENSURE by RESIDENCY (LBR) DENTIST
LICENSE LIVE SCAN REQUEST FORM**



BCII 8016
(Rev10/98)

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>Dental</u>		
Agency Address Set Contributing Agency: <u>DENTAL BOARD OF CALIFORNIA</u>		
		<u>06129</u>
Agency authorized to receive criminal history <u>2005 Evergreen Street, Suite 1550</u>		Mail Code (five-digit assigned by DOJ) <u>EXAMINATION UNIT</u>
Street No. <u>Sacramento, CA 95815</u>	Street or PO Box	Contact Name (Mandatory for all school submissions) <u>(916) 263-2300</u>
City	State	Contact Telephone No.
Zip Code		
Name of Applicant: (Please Print)		
Last		First MI
AKA's	CDL No.	
Last	First	
DOB:	WT:	Misc. No. <u>BIL – APPLICANT TO PAY</u>
		Agency Billing Number (if applicable)
HT:	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: <u>LBR</u>	OCA No. (Agency Identifying No.)	
	Level Of Service	DOJ <input checked="" type="checkbox"/> FBI <input checked="" type="checkbox"/>
If resubmission, list Original ATI No.		
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	Agency Telephone No. (Optional)
Zip Code		
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**

