

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



## REQUEST FOR LIVE SCAN SERVICE

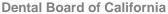
Fingerprint Applicant Submission

ORI: A0023 Type of Application: (check one) Employment License, Certification, Permit Volunteer					
Code assigned by DOJ					
Job Title or Type of License, Certification or Permit:			Orthodontic Assistant		
Agency Address Set Contributing Agency:					
DENTAL BOARD OF CALIFORNIA			06129		
Agency authorized to receive criminal history			Mail Code (five-digit assigned by DOJ)		
2005 Evergreen Street, Suite 1550			EXAMINATION UNIT		
Street No. Street or PO Box			Contact Name (Mandatory for all school		
			submissions)		
Sacramento, CA 95815			(916) 263-2300		
City Sta	te	Zip	Contact T	Telephone No.	
Code					
Name of Applicant:					
(Please Print) La	st			First	MI
			CDL No.		
AKA's					
Last	First				
DOB:	WT:		Misc. No.	<b>BIL</b> – APPLICANT TO PAY	
				ng Number (if applicable)	
HT:	HAIR color:		Home Addre	ess: (Applies only if Youth Org/l	HRA or
			Public Utility	submission)	
POB:			Street or PO Box		
SOC:			City, State and Zip Code		
			-	·	
Your Number: OA					
OCA No. (Ag	ency 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)					
Calc					
Employer Name					
Street No. Str	eet or PO Box		l	Mail Code (five digit code assigned by	DOJ)
City Stat	e	Zip Code	<del></del>	Agency Telephone No. (Optional)	
J. J.	•	L - 200	•	5	
Live Scan Transaction Completed By: Date					
Name of Operator					
Transmitting Agency	AT	l No.		Amount Collected/Billed	

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



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