

**DENTAL BOARD OF CALIFORNIA
DENTAL SEDATION ASSISTANT (DSA)
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>Dental Sedation Assistant</u>	
Agency Address Set Contributing Agency:		<u>06129</u>	
<u>DENTAL BOARD OF CALIFORNIA</u>		Mail Code (five-digit assigned by DOJ)	
Agency authorized to receive criminal history		<u>EXAMINATION UNIT</u>	
<u>2005 Evergreen Street, Suite 1550</u>		Contact Name (Mandatory for all school submissions)	
Street No.	Street or PO Box	<u>(916) 263-2300</u>	
<u>Sacramento, CA 95815</u>		Contact Telephone No.	
City	State	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>	
HT:	HAIR color:	Agency Billing Number (if applicable)	
POB:	Home Address: (Applies only if Youth Org/HRA or Public Utility submission)		
SOC:	Street or PO Box		
Your Number: <u>DSA</u>		Level Of Service DOJ <input checked="" type="checkbox"/> FBI <input checked="" type="checkbox"/>	
OCA No. (Agency Identifying No.)			
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	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**

