

**CA Bureau of Security & Investigative Services
Alarm Agent Employee Live Scan Request Form**

Applicant Submission

ORI: <u>A0522</u> <small>Code assigned by DOJ</small>	Type of Application: <u>Alarm Agent</u>
Job Title or Type of License, Certification or Permit: _____	

Agency Address Set Contributing Agency: Bureau of Security & Investigative Services		<u>06078</u> <small>Mail Code (five digit code assigned by DOJ)</small>
Agency authorized to receive criminal history information		
<u>P.O. BOX 989002</u>		<u>Licensing</u> <small>Contact Name (Mandatory for all school submissions)</small>
<u>West Sacramento CA</u> <small>City State</small>	<u>95798-9002</u> <small>Zip Code</small>	<u>(916) 322-4000</u> <small>Contact Telephone No.</small>

Name of Applicant: <small>(please print)</small>		
_____ Last	_____ First	_____ MI
Alias: _____ Last	_____ First	Driver's License No. _____
Date of Birth: _____	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL- <u>N/A</u> <small>Agency Billing Number (if applicable)</small>
Height: _____	Weight: _____	Misc. No: _____
Eye Color: _____	Hair Color: _____	Home Address: _____ <small>Street or P.O. Box</small>
Place of Birth: _____	_____ City, State and Zip Code	
SOC: or ITIN: _____		

Your Number: _____ <small>OCA No. (Agency Identifying No.)</small>	Level of Service	<input checked="" type="checkbox"/> DOJ	<input checked="" type="checkbox"/> FBI
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: _____ <small>Name of Operator</small>		Date: _____
Transmitting Agency _____	ATI No. _____	Amount Collected/Billed _____