

**DENTAL HYGIENE COMMITTEE OF CALIFORNIA  
REGISTERED DENTAL HYGIENIST (RDH)  
LICENSE LIVE SCAN REQUEST FORM**



**REQUEST FOR LIVE SCAN SERVICE**

**Fingerprint Applicant Submission**

ORI: <u>A0638</u> Type of Application: <input checked="" type="checkbox"/> License, Certification, Permit <small>Code assigned by DOJ</small>		
Job Title or Type of License, Certification or Permit: <u>Hygienist Lic 1916 BPC</u>		
Agency Address Set Contributing Agency: <u>Dental Hygiene Committee of California</u>		
Agency authorized to receive criminal history <u>2005 Evergreen Street, Suite 2050</u>		Mail Code (five-digit assigned by DOJ) <u>05635</u>
Street No. <u>Sacramento, CA 95815</u>	Street or PO Box	Contact Name (Mandatory for all school submissions) <u>(916) 263-1978</u>
City	State	Zip Code
Name of Applicant: <small>(Please Print)</small>		
AKA's	Last	First Middle
DOB:	WT:	CDL No.
HT:	HAIR color:	Misc. No. <u>BIL – APPLICANT TO PAY</u> <small>Agency Billing Number (if applicable)</small>
POB:	Home Address: Street or PO Box	
SOC:	City, State and Zip Code	
Your Number: <u>RDH</u> <small>OCA No. (Agency Identifying No.)</small>		
Level Of Service DOJ <input checked="" type="checkbox"/> FBI <input checked="" type="checkbox"/>		
If resubmission, list Original ATI No. _____		
Employer: <small>(Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)</small>		
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: _____ <small>Name of Operator</small>		Date _____
Transmitting Agency _____	ATI No. _____	Amount Collected/Billed _____

BCII 8016 (Rev 6/11) **ORIGINAL-Live Scan Operator, SECOND COPY-Requesting Agency; THIRD COPY-Applicant**



STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.

**DENTAL HYGIENE COMMITTEE OF CALIFORNIA**  
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