

**EMPLOYER OR LICENSING AGENCY  
TO PROVIDE THIS CODE**

**\*Fill Out This Section**

ORI: \_\_\_\_\_ Type of Application: (check one)  Employment  License, Certification, Permit  Volunteer  
Code assigned by DOJ  
Job Title or Type of License, Certification or Permit: \_\_\_\_\_ *(List your Job Title and select the application type above)*

Agency Address Set Contributing Agency:

Agency authorized to receive original history information

Mail Code (five-digit code assigned by DOJ)

**EMPLOYER OR LICENSING AGENCY  
TO PROVIDE THIS INFORMATION**

Street No. Street or PO Box. County Name (Mandatory for all school submissions)

City State Zip Code Contact Telephone No.

**\*Fill Out This Section**

Name of Applicant: \_\_\_\_\_ *(Last Name, First Name, Middle Initial)*  
(Please print) Last First MI

AKA's: \_\_\_\_\_ *(If you have ever used another name legally list it here)*

CDL No. \_\_\_\_\_ *(California Driver's License Number)*

DOB: \_\_\_\_\_ *(Date of birth)* SEX:  Male  Female *(Gender)*

Misc. No. **BIL** - \_\_\_\_\_ *(Agency Billing Number (if applicable))*

HT: \_\_\_\_\_ *(Height)* WT: \_\_\_\_\_ *(Weight)*

Misc. No. \_\_\_\_\_ *(Your telephone number)*

EYE Color: \_\_\_\_\_ *(Eye Color)* HAIR Color: \_\_\_\_\_ *(Hair Color)*

Home Address: (Applies only if Youth Org/HRA or Public Utility submission) \_\_\_\_\_ *(Your address)*

POB: \_\_\_\_\_ *(Place of birth -- City/State or Country/City)*

Street or PO Box

SOC: \_\_\_\_\_ *(Social Security Number)*

City, State and Zip Code

**\*Fill Out This Section**

Your Number: \_\_\_\_\_ *(Employer or Agency Facility Number if required)*  
OCA No. (Agency Identifying No.)

*Background Checks Required by Employer or Agency*

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)

Employer Name

**Additional Employer Information If Required**

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

**TO BE FILLED OUT BY LIVE SCAN SERVICE PROVIDER**

Transmitting Agency

ATI No.

Amount Collected/Billed