

**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

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