

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: <u>CA0349466</u>	Type of Application: <u>STATE GAMBLING LICENSE</u>
<small>Code assigned by DOJ</small>	
Job Title or Type of License, Certification or Permit: <u>GAMBLING LIC CARD ROOM</u>	

Agency Address Set Contributing Agency:	
<u>BUREAU OF GAMBLING CONTROL</u>	<u>09332</u>
<small>Agency authorized to receive criminal history information</small>	<small>Mail Code (five digit code assigned by DOJ)</small>
<u>PO BOX 168024</u>	
<small>Street No. Street or P.O. Box</small>	<small>Contact Name (Mandatory for all school submissions)</small>
<u>SACRAMENTO</u> <u>CA</u> <u>95816</u>	
<small>City</small> <small>State</small> <small>Zip Code</small>	<small>Contact Telephone No.</small>

Name of Applicant: _____	
<small>(please print)</small>	<small>Last</small> <small>First</small> <small>MI</small>
Alias: _____	Driver's License No. _____
<small>Last</small> <small>First</small>	
Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL- <u>199995</u>
Height: _____ Weight: _____	Misc. No: <small>Agency Billing Number (if applicable)</small>
Eye Color: _____ Hair Color: _____ Home Address: _____	<small>Street or P.O. Box</small>
Place of Birth: _____	<small>City, State and Zip Code</small>
SOC: _____	

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