



DENTAL BOARD OF CALIFORNIA
 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
 P (916) 263-2300 F (916)263-2347 | www.dbc.ca.gov

REQUEST FOR LIVE SCAN SERVICE
 Applicant Submission

Applicant Submission

A0023 _____ License
 ORI (Code assigned by DOJ) _____ Authorized Applicant Type

Registered Dental Assistant _____
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Dental Board of California _____ Agency Authorized to Receive Criminal Record Information	06129 _____ Mail Code (five-digit code assigned by DOJ)
2005 Evergreen Street, Suite 1550 _____ Street Address or P.O. Box	Examination Unit _____ Contact Name (mandatory for all school submissions)
Sacramento _____ CA 95815 _____ City State ZIP Code	(916) 263-2300 _____ Contact Telephone Number

Applicant Information:

Last Name _____	First Name _____	Middle Initial _____	Suffix _____
Other Name (AKA or Alias) Last _____	First _____		Suffix _____
Date of Birth _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License Number _____		
Height _____ Weight _____ Eye Color _____ Hair Color _____	Billing Number BIL - Applicant To Pay _____ (Agency Billing Number)		
Place of Birth (State or Country) _____ Social Security Number _____	Misc. Number _____ (Other Identification Number)		
Home Address Street Address or P.O. Box _____	City _____	State _____	ZIP Code _____

Your Number: _____ RDA _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
 (Must provide proof of rejection)

Original ATI Number _____

Employer (Additional response for agencies specified by statute):

Employer Name _____	Mail Code (five digit code assigned by DOJ) _____
Street Address or P.O. Box _____	
City _____ State _____ ZIP Code _____	Telephone Number (optional) _____

Live Scan Transaction Completed By:

Name of Operator _____	Date _____
Transmitting Agency _____ LSID _____	ATI Number _____ Amount Collected/Billed _____

PRINT COMPLETED DOCUMENT IN TRIPLICATE BEFORE LIVE SCAN APPOINTMENT:
 Copy 1 – Live Scan Operator Copy 2 – Dental Board Copy 3 – Applicant Copy