



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

A0391

ORI (Code assigned by DOJ)

### LICENSE/CERTIFICATION/PERMIT

Authorized Applicant Type

REGISTERED NURSE LICENSE

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

### Contributing Agency Information:

BOARD OF REGISTERED NURSING

Agency Authorized to Receive Criminal Record Information

05735

Mail Code (five-digit code assigned by DOJ)

PO BOX 944210

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

SACRAMENTO

City

CA  94244

State

ZIP Code

Contact Telephone Number

### Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

First Name

Suffix

Last Name

Sex  Male  Female  Nonbinary/Unspecified

Driver's License Number

Date of Birth

Billing

Number

(Agency Billing Number)

Height      Weight      Eye Color      Hair Color

Misc.

Number

(Other Identification Number)

Place of Birth (State or Country)

City

State

ZIP Code

Home Address Street Address or P.O. Box

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: RN#

OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI

number:

Original ATI Number

(Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City      State      ZIP Code      Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed