



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
State

94244

ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Date of Birth Sex ☐ Male ☐ Female ☐ Nonbinary/Unspecified

Driver's License Number

Height Weight Eye Color Hair Color

Billing
Number

(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

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