



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0434
ORI (Code assigned by DOJ)

LICENSE, CERTIFICATION, PERMIT
Authorized Applicant Type

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

Contributing Agency Information:

PODIATRIC MEDICAL BOARD OF CALIFORNIA
Agency Authorized to Receive Criminal Record Information

03802
Mail Code (five-digit code assigned by DOJ)

2005 EVERGREEN STREET, SUITE 1300
Street Address or P.O. Box

ANDREIA DAMIAN
Contact Name (mandatory for all school submissions)

SACRAMENTO CA 95815
City State ZIP Code

(916) 263-2649
Contact Telephone Number

Applicant Information:

Last Name First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name First Name Suffix

Sex Male Female

Date of Birth Driver's License Number

Height Weight Eye Color Hair Color Billing Number BIL - 100026
(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: _____
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: _____
(Must provide proof of rejection) Original ATI Number

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



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