



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AD079
ORI (Code assigned by DOJ)

Massage Practnr/Therapist
Authorized Applicant Type

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

Contributing Agency Information:

California Massage Therapy Council
Agency Authorized to Receive Criminal Record Information

14167
Mail Code (five-digit code assigned by DOJ)

One Capitol Mall, Suite 320
Street Address or P.O. Box

N/A
Contact Name (mandatory for all school submissions)

Sacramento CA 95814
City State ZIP Code

(916) 669-5336
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number Applicant Must Pay Fee Directly to Live Scan Vendor
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number N/A
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: N/A
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):

LEAVE THIS SECTION BLANK
Employer Name

N/A
Mail Code (five digit code assigned by DOJ)

N/A
Street Address or P.O. Box

N/A
City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

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MESSAGE PRACTITIONER
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