

**DENTAL BOARD OF CALIFORNIA REGISTERED
 DENTAL ASSISTANT in EXTENDED FUNCTIONS
 (RDAEF) LICENSE LIVE SCAN REQUEST FORM**



BCII 8016
 (Rev10/98)

REQUEST FOR LIVE SCAN SERVICE

Fingerprint Applicant Submission

| | | |
|--|------------------|--|
| ORI: <u>A0023</u> Type of Application: (check one) <input type="checkbox"/> Employment <input checked="" type="checkbox"/> License, Certification, Permit <input type="checkbox"/> Volunteer | | |
| Code assigned by DOJ | | |
| Job Title or Type of License, Certification or Permit: <u>Registered Dental Assistant EF</u> | | |
| Agency Address Set Contributing Agency: <u>DENTAL BOARD OF CALIFORNIA</u> | | |
| | | <u>06129</u> |
| Agency authorized to receive criminal history <u>2005 Evergreen Street, Suite 1550</u> | | Mail Code (five-digit assigned by DOJ) <u>EXAMINATION UNIT</u> |
| Street No. <u>Sacramento, CA 95815</u> | Street or PO Box | Contact Name (Mandatory for all school submissions) <u>(916) 263-2300</u> |
| City | State | Contact Telephone No. |
| Zip Code | | |
| Name of Applicant: (Please Print) | | |
| Last | First | MI |
| AKA's | | CDL No. |
| Last | First | |
| DOB: | WT: | Misc. No. <u>BIL – APPLICANT TO PAY</u> |
| | | Agency Billing Number (if applicable) |
| HT: | HAIR color: | Home Address: (Applies only if Youth Org/HRA or Public Utility submission) |
| | | |
| POB: | | Street or PO Box |
| | | |
| SOC: | | City, State and Zip Code |
| | | |
| Your Number: <u>RDAEF</u> | | |
| OCA No. (Agency Identifying No.) | | |
| Level Of Service DOJ <input checked="" type="checkbox"/> FBI <input checked="" type="checkbox"/> | | |
| If resubmission, list Original ATI No. _____ | | |
| Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only) | | |
| Employer Name _____ | | |
| Street No. | Street or PO Box | Mail Code (five digit code assigned by DOJ) |
| City | State | Agency Telephone No. (Optional) |
| Zip Code | | |
| Live Scan Transaction Completed By: | | Date |
| | | |
| Name of Operator | | |
| | | |
| Transmitting Agency | ATI No. | Amount Collected/Billed |
| | | |

BCII 8016 (Rev10/98) **ORIGINAL-Live Scan Operator, SECOND COPY-Requesting Agency; THIRD COPY-Applicant**

