

REQUEST FOR LIVE SCAN  
Applicant Submission

ORI: **CA0010900** TYPE OF APPLICATION: **PERMIT**  
Code assigned by DOJ

Job Title or Type of License, Certificate or Permit: **MASSAGE THERAPIST OR MASSAGE ESTABLISHMENT**

Agency Address Set Contributing Agency:  
**OAKLAND POLICE DEPARTMENT** 04764  
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)

**455 7<sup>th</sup> Street** **Sgt. Ann Pierce**  
Address or P.O. Box Contact Name (Mandatory for all submissions)

**OAKLAND, CA 94607** **(510) 238-2189**  
City, State, Zip Contact Number

NAME OF APPLICANT: \_\_\_\_\_  
(Please Print ) Last Name First Name Middle Initial

ALIAS: \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_  
Last Name First Name

DATE OF BIRTH: \_\_\_\_\_ SEX:  Male  Female Misc. No. BIL – **120181**

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ Misc. No: **N/A**

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_  
Street Address or P.O. Box

PLACE OF BIRTH: \_\_\_\_\_  
City, State, Zip

SOCIAL SECURITY NUMBER: \_\_\_\_\_

YOUR NUMBER: \_\_\_\_\_ LEVEL OF SERVICE  DOJ  FBI  
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI Number; \_\_\_\_\_

EMPLOYER: (Additional responses for agencies specified by statute)

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Street Address or P.O. Box Mail Code (five digit code assigned by DOJ): **N/A**

\_\_\_\_\_  
City, State, Zip Agency Phone: \_\_\_\_\_  
(optional)

LIVE SCAN TRANSMISSION COMPLETED BY: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

\_\_\_\_\_  
Transmitting Agency ATI No. Amount Collected/Billed