

**DENTAL BOARD OF CALIFORNIA  
REGISTERED DENTAL ASSISTANT  
(RDA) LICENSE LIVE SCAN REQUEST FORM**

BCII 8016 - RDA  
(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</u>			
Agency Address Set Contributing Agency: <b>DENTAL BOARD OF CALIFORNIA</b>			
Agency authorized to receive criminal history <b>2005 Evergreen Street, Suite 1550</b>			
Street No.	Street or PO Box		
<b>Sacramento, CA 95815</b>			
City	State		
Zip Code	Contact Telephone No.		
Name of Applicant: (Please Print)	Last	First	MI
AKA's	CDL No.		
DOB:	Last	First	Misc. No. <b>BIL – APPLICANT TO PAY</b>
HT:	WT:	HAIR color:	Agency Billing Number (if applicable)
POB:	Home Address: (Applies only if Youth Org/HRA or Public Utility submission)		
SOC:	Street or PO Box		
City, State and Zip Code			
Your Number: <b>RDA</b>	Level Of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI		
OCA No. (Agency Identifying No.)			
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**

