

REQUEST FOR LIVE SCAN SERVICE

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Type of License/Cartification/Permit QR Working Title (Naconum 30 characters - If assigned by DOJ, use exact title assigned.) Contributing Agency Information: CRANGE COUNTY IHSS PUBLIC AUTHORITY Agency Authorized to Receive Criminal Record Information 1505 E. WARNER AVE. Street Address or P.O. Box CA State 22706 Contact Name (mandatory for all school submissions) 7148253174 Contact Name (mandatory for all school submissions) 7148253174 Contact Name (mandatory for all school submissions) 7148253174 Contact Name (Middle Initial SU NOMBRE First Name Middle Initial SU NOMBRE First Name NÚMERO DE LICENCIA DE CONDUCC Divers License Number Simel Address or P.O. Box I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights. SU FIRMA Applicant Signature POCA Number (Approx Josenthyre Number) Size Address or P.O. Box If re-submission, list original ATI number: City State Telephone Number (optional)		Туре	Authorized Appl			(Code assigned by DOJ)
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