



DESIGNATED REPRESENTATIVE* REQUIREMENTS AND APPLICATION FOR VETERINARY FOOD-ANIMAL DRUG RETAILER

Veterinary food-animal drug retailers (vet retailers) may distribute and label legend drugs or drugs for extra-label use prescribed by a veterinarian for use on food-animals. A vet retailer's premises must be supervised by a registered pharmacist or a specially qualified individual approved by the board who holds a current Designated Representative* license. A vet retailer may not operate unless the pharmacist or vet retailer designated representative is physically present on the licensed premises. To ensure proper control at all times, the board recommends that there be more than one person approved to supervise operations. In addition, every vet retailer must designate a pharmacist or vet retailer designated representative as the designated representative -in-charge of the site.

Only a vet retailer designated representative or pharmacist may label the drugs that: (1) have been prescribed by a veterinarian, and (2) will be shipped to the veterinarian's client for use on food-animals. If the sole qualifying vet retailer designated representative or pharmacist leaves the employ of the vet retailer, the vet retailer must cease operations (and cannot perform labeling or shipping duties) until another pharmacist or vet retailer designated representative is employed and present.

Individuals employed by a manufacturer, vet retailer, or wholesaler may qualify to become vet retailer designated representatives on the basis of specific education, training, and experience in areas covering the essential knowledge necessary to oversee operations of a vet retailer and to read, label and dispense vet food-animal drugs.

In order to obtain and maintain an designated representative license, pursuant to Section 4053(b) of the Business and Professions Code, the individual must meet the following requirements.

- (1) He or she shall be a high school graduate or possess a general education development equivalent.
- (2) He or she shall have a minimum of one year of paid work experience related to the distribution or dispensing of dangerous drugs or dangerous devices or meet all of the prerequisites to take the examination required for licensure as a pharmacist by the board.
- (3) He or she shall complete a training program approved by the board that, at a minimum, addresses each of the following subjects:

- (A) Knowledge and understanding of state and federal law relating to the distribution of dangerous drugs and dangerous devices.
- (B) Knowledge and understanding of state and federal law relating to the distribution of controlled substances.
- (C) Knowledge and understanding of quality control systems.
- (D) Knowledge and understanding of the United States Pharmacopoeia standards relating to the safe storage and handling of drugs.
- (E) Knowledge and understanding of prescription terminology, abbreviations, dosages and format.

In addition to the training required in 4053(b)(3), Section 1780.1 of Title 16 of the California Code of Regulations requires designated representatives for vet retailers to have **either** a course of training that includes as least 240 hours of theoretical and practical instruction, provided that at least 40 hours are theoretical instruction stressing:

- Knowledge and understanding of the importance and obligations relative to drug use on food-animals and residue hazards to consumers.
- Knowledge and understanding of state and federal law regarding dispensing of drugs, including those prescribed by a veterinarian.
- Knowledge and understanding of prescription terminology, abbreviations, dosages and format, particularly for drugs prescribed by a veterinarian.
- Understanding of cautionary statements and withdrawal times.
- Knowledge and understanding of information contained in package inserts.

or

- Possess a registration as a registered veterinary technician with the California Veterinary Medical Board
- Be eligible to take the State Board of Pharmacy's pharmacist licensure exam or the Veterinary Medical Board's veterinarian licensure examination
- Worked at least 1,500 hours within the last three years at a veterinary food-animal drug retailer's premises working under the direct supervision of a vet retailer designated representative. Part of the 1,500 hours of work experience shall include knowledge and understanding of information contained in package inserts. A vet retailer designated representative who vouches for the qualifying experience earned by an applicant for registration must do so under penalty of perjury.

*Note: Under California law, the name used to describe any individual who is in charge of any wholesale drug premises (in California or elsewhere) will change on January 1, 2006, from the former name, *exemptee*, to *designated representative*. For conventional use, the board will refer to such an individual as a *designated representative* throughout this application.

INSTRUCTIONS FOR FILING AN APPLICATION

If this is the first time you have applied for a veterinary food-animal drug retailer designated representative license, the application must contain the following:

- 1. Application processing fee of \$250. If no license is issued, the board will refund \$150.
- 2. Completed Application for Designated Representative license (17A-67) with your photograph attached.
- 3. Documents describing training and/or experience:
 - Training and/or Experience Affidavit (17A-64), **OR**
 - Designated Representative Experience Affidavit (17A-66)
- 4. A copy of Request for Live Scan Service Form verifying that your fingerprints have been scanned and all applicable fees paid. (See instruction below under fingerprint requirements.)

Fingerprint Requirements

California Residents

The board will only accept Live Scan Service Forms from California residents.

Complete a Live Scan Request form and take all 3 copies to a Live Scan site for fingerprint scanning. Please refer to the Instructions for completing a "Request for Live Scan Service" form. Live Scan sites are located throughout California. For more information about locating a Live Scan site near you, visit the Department of Justice website at <http://ag.ca.gov/fingerprints/publications/contact.htm> or the sources listed on the bottom of the instructions for completing a "Request for Live Scan Service" form.

The lower portion of the Live Scan Request form must be completed by the Live Scan operator verifying that your prints have been scanned and all applicable fees have been paid. Attach the second copy of the form to your application and submit to the board.

Non California Residents

If an owner, partner, corporate officer, major shareholder or director reside out of state they must submit rolled fingerprints on cards provided by the board and include a separate fee of \$51 (\$32 California Department of Justice (DOJ) fee and \$19 FBI fingerprint processing fee). (Live Scan processing fees are paid directly at the Live Scan site.) You may contact the board to request fingerprint cards at (916) 574-7900. You may also request cards on our website at www.pharmacy.ca.gov.

Fingerprints submitted on cards should be taken by a person professionally trained in the rolling of prints. Fingerprint clearances from cards take approximately six weeks (live scan is faster). Poor quality prints may result in rejection and will substantially delay licensing as additional fingerprint cards will be required from you for processing.

The board will only accept fingerprint cards from residents outside of California.

To apply for registration as a veterinary food-animal drug retailer designated representative, an individual must possess specific education and experience. Please indicate the method by which you qualify:

Experience:

- Registration with the California Veterinary Medical Board as a registered veterinary technician (attach photocopy of registration).

_____ Name _____ Permit #

- Eligibility to take the California State Board of Pharmacy's pharmacist licensure exam.

_____ Name _____ Date of last application for exam

- Eligibility to take the Veterinary Exam

_____ Name _____ Date of last application for exam

- Worked at least 1,500 hours within the last three years at a veterinary food-animal drug retailer's premises under the direct supervision of a vet retailer designated representative.

OR

Education:

- Completion of a specific training course of 240 hours as required by California Code of Regulations 1780.1(m)(1). (Please attach certified copy of completion certificate.)

Title of course _____ Completion date _____

If previously employed as a veterinary food-animal drug retailer designated representative, list the company or companies, dates employed, and location(s).

Name of employer	Dates employed
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Address	City	State	Zip Code
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Name of employer	Dates employed
------------------	----------------

Address	City	State	Zip Code
---------	------	-------	----------

Name of employer	Dates employed
------------------	----------------

Address	City	State	Zip Code
---------	------	-------	----------

CHECK APPROPRIATE BOX ON EACH OF THE FOLLOWING ITEMS

If the answer to any of these questions is "Yes," you must attach a written explanation giving full details for each affirmative response you have. Failure to provide a complete explanation will delay the processing of your application.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are you or have you ever been registered as a pharmacist in any other state or country?

If "yes," where? _____

Date of registration _____ License status _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you had a pharmacy permit, or any professional or vocational license or registration denied, suspended, revoked, placed on probation or had other disciplinary action taken by this or any other governmental authority in California or any other state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently or have you previously been associated in business with any person, partnership, corporation or other entity, or shared a financial or community property interest with any person whose pharmacy permit, or any professional or vocational license was denied, suspended, revoked or placed on probation or other disciplinary action taken, by this or any other governmental authority in California or any other state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been convicted of, or pled no contest to, a violation of any law of a foreign country, the United States, any state or local ordinances? You must include all convictions, regardless of the age of the conviction, including those, which have been set-aside under section 1203.4 of the Penal Code. Traffic violations of \$500 or less need not be reported. Please include the type, date, circumstances, and location of your offense, the penalty received and, if probation was involved, whether it has been successfully completed.

_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you currently engage in, or have you been engaged in the past two years, in the illegal use of controlled substances?
If "Yes," are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled substances? Please attach a statement of explanation.

_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you changed your name?

Former Name: _____ When: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Certification of Designated Representative - Please read carefully and sign below

I understand that falsification of the information on this form may constitute grounds for denial or revocation of the designated representative license. I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in this application, including all supplementary statements. I also certify that I personally completed this application and have read and understand the instructions attached to this application.

Applicant signature: (in full, no initials)	Date:
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****Disclosure of your U.S. social security account number is mandatory. Section 30 of the Business and Professions Code, section 17520 of the Family Code, and Public Law 94-455 (42 USC 405(c)(2)(C)) authorize collection of your social security account number. Your social security account number will be used exclusively for tax enforcement purposes, or for purposes of compliance with any judgment or order for child or family support in accordance with section 17520 of the Family Law Code. If you fail to disclose your social security account number, your application will not be processed and you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.**

MANDATORY REPORTER

Under California law each person licensed by the Board of Pharmacy is a "mandated reporter" for both child and elder abuse or neglect purposes.

California Penal Code section 11166 and Welfare and Institutions Code section 15630 require that all mandated reporters make a report to an agency specified in Penal Code section 11165.9 and Welfare and Institutions Code section 15630(b)(1) [generally law enforcement, state, and/or county adult protective services agencies, etc...] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child, elder and/or dependent adult whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or elder abuse or neglect. The mandated reporter must contact by telephone immediately or as soon as possible, to make a report to the appropriate agency(ies) or as soon as is practicably possible. The mandated reporter must prepare and send a written report thereof within two working days or 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Section 11166 and Section 15630 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine.

For further details about these requirements, consult Penal Code sections 11164 and Welfare and Institutions Code section 15630, and subsequent sections.



California State Board of Pharmacy
 1625 N. Market Blvd, Suite N219, Sacramento, CA 95834
 Phone (916) 574-7900
 Fax (916) 574-8618
 www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY
 DEPARTMENT OF CONSUMER AFFAIRS
 GOVERNOR EDMUND G. BROWN JR.

VETERINARY FOOD-ANIMAL DRUG RETAILER EXEMPTEE EXPERIENCE AFFIDAVIT

TO BE COMPLETED BY APPLICANT (please print or type)

Name of Applicant			Telephone Number ()	
Residence Address	Street and Number	City	State	Zip Code
Name of current veterinary food-animal drug retailer:			California license number:	
Address of current veterinary food-animal drug retailer:				
Supervisor having direct knowledge of applicant's experience			California license number	

TO BE COMPLETED BY THE SUPERVISOR HAVING DIRECT KNOWLEDGE OF APPLICANT'S TRAINING AND/ OR EXPERIENCE (please print or type)

_____ is applying for registration as a **Veterinary Food-Animal Drug Retailer**
 (Name of applicant)

Exemptee in California and has completed at least 1,500 hours in the last three years working under my supervision in a vet retailer premises. This individual and has gained the knowledge, skills and abilities listed in California Code of Regulations section 1780.1(m)(1)(A-E).

I certify under penalty of perjury under the laws of the State of California that all statements given herein are true, and that to the best of my knowledge the experience gained by this applicant has been predominantly related to the knowledge, skills and abilities required by California law.

 Signature of Supervisor having direct knowledge of applicant's experience

 Date

 Print Name

 Title



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TRAINING and/or EXPERIENCE AFFIDAVIT FOR VETERINARY FOOD-ANIMAL DRUG RETAILER EXEMPTION CERTIFICATE

TO BE COMPLETED BY APPLICANT (please print or type)

Name of Applicant			Telephone Number ()	
Residence Address	Street and Number	City	State	Zip Code
Name of current veterinary food-animal drug retailer:			California license number:	
Address of current veterinary food-animal drug retailer:				
Supervisor having direct knowledge of applicant's experience:			California license number:	

TO BE COMPLETED BY THE SUPERVISOR HAVING DIRECT KNOWLEDGE OF APPLICANT'S TRAINING AND/ OR EXPERIENCE (please print or type)

The above individual is applying for registration as a Veterinary Food-Animal Drug Retailer Exemptee in California. This applicant has completed a training program of at least 240 hours, including both:

- THEORETICAL TRAINING of at least 40 hours stressing:
 - (A) Knowledge and understanding of the importance and obligations relative to drug use on food animals and residue hazards to consumers.
 - (B) Knowledge and understanding of state and federal law regarding dispensing of drugs, including those prescribed by a veterinarian.
 - (C) Knowledge and understanding of prescription terminology, abbreviations, dosages and format, particularly for drugs prescribed by a veterinarian.
 - (D) Understanding of cautionary statements and withdrawal times.
 - (E) Knowledge and understanding of information contained in package inserts.

Theoretical Training completed by: _____
 Name of individual providing training (please print)

AND

- PRACTICAL TRAINING of _____ hours under my supervision to gain the essential knowledge necessary to properly read, fill, label and dispense veterinary food-animal drug prescriptions (the total hours, in combination with the minimum of 40 hours of theoretical training, must total at least 240 hours).

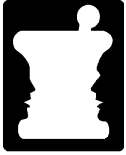
I certify under penalty of perjury under the laws of the State of California that all statements given herein are true, and that to the best of my knowledge the experience gained by this applicant has been predominantly related to the knowledge, skills and abilities required by California law.

 Signature of Supervisor having direct knowledge of applicant's experience

 Date

 Print Name

 Title



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STATE AND CONSUMER SERVICES AGENCY
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**A BRIEF SUMMARY OF YOUR RIGHTS UNDER THE
AMERICANS WITH DISABILITIES ACT**

The Americans with Disabilities Act ("ADA") covers "public entities." The Board of Pharmacy is a "public entity" covered by the ADA. Integration of individuals with disabilities into the mainstream of society is fundamental to the purposes of the ADA.

The ADA provides comprehensive civil rights protection for "qualified individuals with disabilities." An "individual with a disability" is a person who: (1) has a physical or mental impairment that substantially limits a "major life activity," (2) has a record of such an impairment, or (3) is regarded as having such an impairment. "Major life activities" include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

A "qualified" individual with a disability is one who meets the essential eligibility requirements for the California exemptee examination. The board will not deny a qualified person with a disability admission to the exemptee examination simply because the person has a disability. While the board is not required to take actions that fundamentally alter the nature of the examination, the board will take other reasonable actions to ensure that individuals with disabilities may take the examination.

The board will make reasonable modifications to its policies, practices and procedures in order to accommodate individuals with disabilities. The board will furnish auxiliary aids and services when necessary to ensure effective communication, unless a fundamental alteration in the examination would result. The board will not charge individuals with disabilities for the costs of these measures.

The board cannot provide reasonable accommodations to an examination applicant with a disability if the board is unaware of an individual's need. An applicant who needs an accommodation to take the board's examination must advise the board by the deadline for filing the exam application. This notification must include sufficient documentation to enable the board to determine the need for and the appropriateness of the accommodation requested.

The board will not require an individual with a disability to accept a special accommodation if the individual chooses not to accept it.

QUESTIONS?

Questions regarding reasonable accommodation to take the California exemptee examination should be addressed to Virginia Herold, Assistant Executive Officer, at (916) 574-7900.

**INSTRUCTIONS FOR COMPLETING A
"REQUEST FOR LIVE SCAN SERVICE" FORM
(California Residents)**

The following instructions are provided to assist you in completing this form accurately. Please follow all instructions carefully and print clearly; failure to do so may result in processing delays of your application.

NOTE TO APPLICANT and LIVE SCAN OPERATOR: The applicant's name, date of birth, and US social security number must be entered in at the time of the Live Scan transmission in order for the results to be accepted by the Board of Pharmacy. If any of the required information indicated below is not entered at the time of Live Scan transmission, the applicant may be required to have a new Live Scan transmission completed.

REQUIRED INFORMATION

- **Type of License/Certification/Permit OR Working Title:** It is important that you print out the Live Scan form that goes with your application, as this information is already entered on the form for you. It is important that the Live Scan operator types in this information exactly into their system or at least the numeric section.
- **Name:** Print your name as it appears on your U.S. government photo identification (ID). The name on your ID must match identically to the name you enter on your application. If you change your name, you are required to notify the board within 30 days of the change.
- **Other Name (AKA):** Include all other names you have used, including your maiden name.
- **Date of Birth:** (month/day/year).
- **SEX:** Mark the appropriate gender box (male or female)
- **Driver's License Number:** California Driver's License Number.
- **Height:** Your height in feet and inches.
- **Weight:** Your weight in pounds.
- **Eye Color:** Color of your eyes
- **Hair Color:** Color of your hair
- **Place of Birth:** State or County
- **Social Security Number (Mandatory):** Your US Social Security Number. It is your responsibility to notify the Live Scan operator that your US social security number is mandatory to be included in the submission for the Board of Pharmacy. Failure to ensure that your social security number is included on the submission will result in you having to be re-fingerprinted and pay all fees associated with the processing of your fingerprints.
- **Misc. Number:** Other identification number
- **Home Address:** Your residence address
- **Level of Service:** While the Live Scan forms contained in the board's application package are pre-slugged to indicate level of service at the DOJ and FBI level, please ensure at the time of Live Scan transmission that the Live Scan operator selects both the DOJ and FBI levels of service. If FBI is not selected at the time of original transmission, you may be required to have your Live Scan redone at another time and have to repay for the DOJ and FBI levels of services again. The board has been notified by the DOJ that effective 9/1/07; if the FBI level of service is not requested at the time of original transmission both DOJ and FBI levels of service will have to be redone. Any issue of cost for resubmission should be handled at the Live Scan Site level.

Take the completed form to your nearest Live Scan site for fingerprint scanning. There are more than 130 Live Scan sites throughout the state. An up-to-date Live Scan site list is on the Department of Justice's (DOJ) Internet web page at <http://ag.ca.gov/fingerprints/publications/contact.htm> or call your local police or sheriff's department.

Contact the live scan service for hours of operation, an appointment (if necessary), acceptable forms of payment and identification requirements. Be prepared to pay **ALL applicable fees** (DOJ processing fee of \$32, FBI processing fee of \$19, and fingerprint scanning service fee) at the time your prints are taken. The live scan fingerprinting service fee varies from about \$5 to \$20. The cost to electronically submit your fingerprints is determined by the local Live Scan agency and the agency can charge a fee sufficient to recover its costs. The lower portion of the Request for Live Scan Service form must be completed by the live scan operator. Please print three copies of the Request for Live Scan Service form. The original of the form is retained by the scanning service; the second copy is to be attached to your application and submitted to the board; and the third copy is for your records.

FINGERPRINTING AUTHORITY

Section 144(b) of the Business and Professions Code authorizes the Board of Pharmacy to require an applicant for licensure to furnish a full set of fingerprints for purposes of conducting criminal history record checks. Fingerprints are required in order for the DOJ/FBI to conduct background checks for criminal convictions.

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ Type of Application: (check one) Employment License, Certification, Permit Volunteer
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information _____ Mail Code (five-digit code assigned by DOJ) _____
Street No. _____ Street or PO Box _____ Contact Name (Mandatory for all school submissions) _____
City _____ State _____ Zip Code _____ () _____
Contact Telephone No. _____

Name of Applicant: _____
(Please print) Last First Middle

AKA's: _____ CDL No. _____
Last First

DOB: _____ SEX: Male Female Misc. No. **BIL** - _____
Agency Billing Number (if applicable)

HT: _____ WT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: _____

POB: _____ Street or PO Box _____

SOC: _____ City, State and Zip Code _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service DOJ FBI

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 _____ Zip Code _____ () _____
Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ Type of Application: (check one) Employment License, Certification, Permit Volunteer
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information _____ Mail Code (five-digit code assigned by DOJ) _____
Street No. _____ Street or PO Box _____ Contact Name (Mandatory for all school submissions) _____
City _____ State _____ Zip Code _____ () _____
Contact Telephone No. _____

Name of Applicant: _____
(Please print) Last First Middle

AKA's: _____ CDL No. _____
Last First

DOB: _____ SEX: Male Female Misc. No. **BIL** - _____
Agency Billing Number (if applicable)

HT: _____ WT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: _____

POB: _____ Street or PO Box _____

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Your Number: _____
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City _____ State _____ Zip Code _____ () _____
Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ Type of Application: (check one) Employment License, Certification, Permit Volunteer
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

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Street No. _____ Street or PO Box _____ Contact Name (Mandatory for all school submissions) _____
City _____ State _____ Zip Code _____ () _____
Contact Telephone No. _____

Name of Applicant: _____
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Level of Service DOJ FBI

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Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____