



Request for Transmission of Live Scan Fingerprints

Information for Live Scan Operator Please note: The Transmitting Agency will NOT be charged or billed for this Background Check.

Requesting Agency ORI: OR024BMT0 Requesting Agency Billing Code: BMT

Reason Fingerprinted: License/Certification/Permit OCA: _____

TOT (Type of Transaction): **NFUF** Retained: **N** To properly transmit the fingerprint card, the Applicant's Information shown below must be entered into the Live Scan prior to sending

Requesting Agency Information

Agency Name: BOARD OF MASSAGE THERAPISTS

Contact Person: Diana Nott

Phone Number: 503-365-8657 ext. 1

Applicant Information

Name: _____
(Please Print) Last First Middle

Alias or Maiden: _____
Last First Middle

Additional Alias: _____
Last First Middle

Date of Birth: _____ mm/dd/yyyy Sex: Male Female Height: _____ feet _____ inches Weight: _____ pounds

Race: Asian or Pacific Islander Black/African-American American Indian or Alaska Native White/Hispanic

Eye Color: BLK BLU BRO GRY GRN HAZ XXX (Unknown)

Hair Color: BLK BLN BRO GRY RED/AUBURN SDY WHT XXX (Bald or Unknown)

Place of Birth: _____ (If born in USA, enter the State, if outside USA, enter the Country)

Social Security Number: _____ - _____ - _____ (The identification process will benefit from this information. However, it is not required that the SSN be provided)

THIS FORM IS TO BE RETAINED BY THE APPLICANT FOR FUTURE REFERENCE

ospid 11/2010

Live Scan Transaction Completed By: _____ Transmission Date & Time _____
Name of Operator

Transmitting Agency: _____ Phone _____
Name of transmitting Agency