

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ Type of Application: _____
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 _____ Contact Name _____

City _____ State _____ Zip Code _____ Contact Telephone No. _____

Name of Applicant: _____ Last * _____ First * _____ MI _____

Alias: _____ Last _____ First _____ Driver's License No. _____

Date of Birth:* _____ Sex: Male Female Misc. NO. BIL- _____

Height:* _____ Weight:* _____ Misc. No: _____

Eye Color:* _____ Hair Color: _____ Home Address:* _____
Street or P.O. Box _____

Place of Birth:* _____

SOC:* _____ City, State and Zip Code _____

Your Number: _____ Level of Service: DOJ FBI
OCA No. (Agency Identifying No.) _____

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name _____

Street _____ Mail Code (five digit code assigned by DOJ) _____

City _____ State _____ Zip Code _____ Agency Telephone No. (optional) _____

Live Scan Transaction Completed by: _____ Date: _____

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

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Height:* _____ Weight:* _____ Misc. No: _____
Eye Color:* _____ Hair Color: _____ Home Address:* _____
Place of Birth:* _____ Street or P.O. Box _____
SOC:* _____ City, State and Zip Code _____

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