

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 MI

AKA's: _____
Last First

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

HT: _____ **WT:** _____ **Misc. No.** _____

EYE Color: _____ **HAIR Color:** _____ **Home Address:** (Applies only if Youth Org/HRA or Public Utility submission)
_____ 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

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