



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ) _____ Authorized Applicant Type _____

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) _____

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ) _____

Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions) _____

City _____ State CA ZIP Code _____ Contact Telephone Number _____

Applicant Information: *Required Fields

*Last Name _____ *First Name _____ Middle Initial _____ Suffix _____

Other Name: (AKA or Alias) _____

*Last Name _____ *First Name _____ Suffix _____

*Sex Male Female Nonbinary/Unspecified

*Date of Birth _____ *Driver's License _____

*Height _____ *Weight _____ *Eye Color _____ *Hair Color _____
Billing Number _____
(Agency Billing Number)

*Place of Birth (State or Country) _____ *Social Security Number _____
Phone Number _____

*Home Address _____
Street Address or P.O. Box _____ City _____ State _____ ZIP Code _____

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

_____ *Applicant Signature _____ *Date _____

Your Number: _____ Level of Service: DOJ FBI
*Use ITIN or SSN for OCA Number Field *OCA Number (Agency Identifying Number) _____
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: _____
(Must provide proof of rejection) Original ATI Number _____

Employer (Additional response for agencies specified by statute):
N/A
Employer Name _____

Street Address or P.O. Box _____ Telephone Number (optional) _____

City _____ State _____ ZIP Code _____ Mail Code (five digit code assigned by DOJ) _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____