



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 ZIP Code Contact Telephone Number

Applicant Information: *Required Fields

*Last Name *First Name Middle Initial Suffix

Other Name: (AKA or Alias) *First Name Suffix

*Last Name *First Name Suffix

*Sex Male Female Nonbinary/Unspecified

*Date of Birth *Driver's License

*Height *Weight *Eye Color *Hair Color

*Place of Birth (State or Country) *Social Security Number Phone Number (Agency Billing 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: Original ATI Number
(Must provide proof of rejection)

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