



## 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)

\*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:

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