

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 e	xact 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 Telephor	ne Number		
Applicant Information:			*Required Field	ls
*Last Name	*First Name		Middle Initial	
	*First Name		Middle milai	Sullix
Other Name: (AKA or Alias)				
*Last Name	*First Name			Suffix
*Sex Male Female Nonbinary/Unspecifi				
*Date of Birth	*Driver's License	9		
*Height *Weight *Eye Color *Hair Color	Billing Number			
	Phone	Billing Number)		
*Place of Birth (State or Country) *Social Security Number	Number			
*Home				
Address Street Address or P.O. Box	City		State ZIP C	Code
I have received and read the included Privacy Notice,	Privacy Act Stat	ement, and Applic	cant's Privacy Rights.	
*Applicant Signature			*Date	
Your Number:	Level of Servi	ce: 🗌 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):			
Employer Name				
Street Address or P.O. Box	Telephone Number (optional)			
City State	ZIP Code	Mail Code (five digi	code assigned by DOJ)	
Live Scan Transaction Completed By:			<i>, , ,</i>	
Name of Operator	Date			
Transmitting Agency LSID	ATI Number		Amount Collected/Billed	