

**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:** \_\_\_\_\_ **CDL No.** \_\_\_\_\_  
Last First

**DOB:** \_\_\_\_\_ **SEX:**  Male  Female **Misc. No. BIL -** \_\_\_\_\_  
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)

**POB:** \_\_\_\_\_ 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



