

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

**ORI:** \_\_\_\_\_ Type of Application: (check one) ☐ Employment ☐ Occupational Thpy 144 BPC ☐ 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.)

If resubmission, list Original ATI No. \_\_\_\_\_ Level of Service DOJ ☐ FBI ☐

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

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

**ORI:** \_\_\_\_\_ Type of Application: (check one) ☐ Employment ☐ Occupational Thpy 144 BPC ☐ 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.)

**If resubmission, list Original ATI No.** \_\_\_\_\_

**Level of Service** DOJ ☐ FBI ☐

**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

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

**ORI:** \_\_\_\_\_ Type of Application: (check one) ☐ Employment ☐ Occupational Thpy 144 BPC ☐ 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.)

If resubmission, list Original ATI No. \_\_\_\_\_

Level of Service DOJ ☐ FBI ☐

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