

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ Type of Application: _____
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

Alias: _____ Driver's License No. _____
Last First

Date of Birth: _____ SEX: Male Female Misc. No. **BIL** - _____
Agency Billing Number (if applicable)

Height: _____ Weight: _____ Misc. No. _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box

Place of Birth: _____
City, State and Zip Code

SOC: _____

Your Number: _____ Level of Service DOJ FBI
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

_____ 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