

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 P.O. Box

Contact Name (Mandatory for all school submissions)

City State Zip Code

()
Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI

Alias: _____
Last First

Driver's License No. _____

Date of Birth: _____ Sex: Male Female

Misc. No. BIL - _____
Agency Billing Number

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: _____
OCA No. (Agency Identifying No.)

Level of Service DOJ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

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Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency

ATI No.

Amount Collected/Billed