

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:

_____ Mail Code (five-digit code assigned by DOJ)
Agency authorized to receive criminal history information

_____ Contact Name (Mandatory for all school submissions)
Street No. Street or PO Box

_____ () _____
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

_____ Mail Code (five digit code assigned by DOJ)
Street No. Street or PO Box

_____ () _____
City State Zip Code Agency Telephone No. (Optional)

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

_____ Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____