

REQUEST FOR LIVE SCAN SERVICE

FORM 41-LS Rev. 07/11

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: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL - _____	
		Agency Billing Number	
Height: _____	Weight: _____	Misc. Number: _____	
Home Address:			
Eye Color: _____		Hair Color: _____	

		Street No. Street or PO Box	
Place of Birth: _____		_____	
		City, State and Zip Code	
Social Security Number: _____			
Your Number: _____		Level of Service: <input type="checkbox"/> DOJ <input type="checkbox"/> FBI	
OCA No. (Applicant Social Security No.)			
If resubmission, list Original ATI Number: _____			
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: _____			
		Name of Operator	Date
Transmitting Agency		ATI No.	Amount Collected/Billed