

REQUEST FOR LIVE SCAN SERVICE

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

*Height: _____ *Weight: _____ Misc. Number: _____

*Eye Color: _____ *Hair Color: _____
Street No. Street or PO Box

*Place of Birth: _____
City, State and Zip Code

*Social Security Number (full): _____ * Required Fields

*OCA Number: _____ (SSN OR ITIN#)
Level of Service: DOJ FBI

If resubmission, list Original ATI Number: _____

SUPPLEMENTAL AGENCY/EMPLOYER

(County Office of Education/School District)

Employer Name _____
Street No. Street or PO Box _____ Mail Code (COE/SD five digit code assigned by DOJ) _____
City State Zip Code _____ ()
Agency Telephone No. (optional) _____

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

Transmitting Agency ATI No. Amount Collected/Billed