

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ **Type of Application:** (check one) Employment License, Certification, Permit Volunteer
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

AKA's: _____ **CDL No.:** _____
Last First

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

HT: _____ **WT:** _____ Misc. No. _____

EYE Color: _____ **HAIR Color:** _____ Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

POB: _____ Street or PO Box _____

SOC: _____ City, State and Zip Code _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service DOJ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

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 _____

**GUIDELINES FOR COMPLETING
REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM**

NAME OF APPLICANT: Enter applicant's full name.

AKA'S: Names (if any) the applicant has used.

CDL NO: California Driver's License Number

DOB: Date of Birth **SEX:** Gender (male or female)

MISC. NO. BIL: *COMPLETED BY DOJ.*

HT: Height **WT:** Weight

MISC. NO.: Enter other identifying numbers (e.g. Other State Driver's License Number)

EYE COLOR: Eye Color **HAIR COLOR:** Hair Color **HOME ADDRESS:** Home Address

POB: Place of Birth

SOC: Social Security Number (*optional*)

THE LIVE SCAN OPERATOR WILL COMPLETE THE BOTTOM OF THE FORM AND COMPLETE THE FINGERPRINT PROCESSING. THE OPERATOR WILL KEEP THE ORIGINAL COPY OF THIS FORM AND GIVE THE APPLICANT THE SECOND AND THIRD COPIES. THE APPLICANT WILL RETAIN THE THIRD COPY FOR THEIR PERSONAL RECORDS.

IT IS IMPORTANT THAT THE APPLICANT INCLUDE THE SECOND COPY OF THIS REQUEST FORM WITH THE OTHER REQUIRED/COMPLETED DOCUMENTS OF THE APPLICANT PACKET WHEN MAILING TO THE DEPARTMENT OF JUSTICE.