

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

Social Security #: _____

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

_____ Amount Collected/Billed
Transmitting Agency ATI No.