

REQUEST FOR LIVE SCAN SERVICE

ORI: CA0349435 Type of Application: (check one) Record Review Visa/Immigration

(Job Title)
Reason for Application: _____

Agency Address Set Contributing Agency:

California Department of Justice
Record Review Unit
P.O. Box 903417
Sacramento, CA 94203-4170

Mail Code: 07041

Contact Name: Record Review Unit
Contact Telephone No. (916) 227-3849

Name of Applicant: _____
(Please print) Last First MI

AKA: _____
Last First

Date of Birth: ____ / ____ / ____ SEX: Male Female Billing No. ____ N/A

Height: _____ Weight: _____ Applicant's Address:

EYE Color: _____ HAIR Color: _____
Street or P.O. Box

Place of Birth: _____
(State or Foreign Country) City, State and Zip Code

Social Security Number: _____

California Driver's License No. _____
Daytime Telephone Number

Level of Service DOJ Only If Resubmission, list Original ATI No. _____

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

Transmitting Agency: _____ Terminal ID: _____ Amount Collected: _____

ATI Number: _____