

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:

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. No. _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or PO Box

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

SOC: _____

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

If resubmission, list Original ATI No. _____

Level of Service DOJ FBI

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: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected / Billed _____