



REQUEST FOR LIVE SCAN SERVICE (Record Review or Foreign Adoption)

Applicant Submission

_____ Type of Application (Check One Only) Record Review Foreign Adoption

ORI (Code assigned by DOJ) _____

Reason for Application _____

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information _____

Mail Code (five-digit code assigned by DOJ) _____

Street Address or P.O. Box _____

Contact Name (mandatory for all school submissions) _____

City _____ State _____ ZIP Code _____

Contact Telephone Number _____

Applicant Information:

Last Name _____

First Name _____ Middle Initial _____ Suffix _____

Other Name (AKA or Alias) _____
Last _____

First _____ Suffix _____

Date of Birth _____ Sex Male Female

Driver's License Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Misc. Number (Other Identification Number) _____

Place of Birth (State or Country) _____ Social Security Number _____

Telephone Number _____

Street Address or P.O. Box _____

City _____ State _____ ZIP Code _____

Level of Service: DOJ Only

If re-submission, list original ATI number (Must provide proof of rejection): _____
Original ATI Number

Foreign Government Embassy: *(MANDATORY FOR FOREIGN ADOPTION REQUESTS ONLY)*

Embassy Name _____

Street Address or P.O. Box _____

City _____ State _____ Country _____ ZIP Code _____ Embassy Telephone Number (optional) _____

Live Scan Transaction Completed By:

Name of Operator _____

Date _____

Transmitting Agency _____ LSID _____

ATI Number _____

Amount Collected/Billed _____