

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: CA0349400 Type of Application: FP ROLLER 11102.1 PC
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: FP ROLLER

Agency Address Set Contributing Agency:
Department of Justice 08354
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)
P.O. Box 903387 FRCP
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)
Sacramento CA 94203-3870 (916) 227-6420
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
SOC: _____

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 _____
Street No. Street or P.O. 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