

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: CA0349412 Type of Application: VICTIM OF IDENTITY THEFT
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: VICTIM OF IDENTITY THEFT

Agency Address Set Contributing Agency: DEPARTMENT OF JUSTICE O6168
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)
PO BOX 903417 COMMAND CENTER
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)
SACRAMENTO CA 94203-4170 (916) 227-3244
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) _____
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City _____ State _____ Zip Code _____ Agency Telephone No. (optional) _____

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

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

**GUIDELINES FOR COMPLETING
REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM**

NAME OF APPLICANT: Enter applicant's full name.

AKA'S: Names (if any) the applicant has used.

CDL NO: California Driver's License Number

DOB: Date of Birth **SEX:** Gender (male or female)

MISC. NO. BIL: *COMPLETED BY LIVESCAN SITE (Site's Billing Number)*

HT: Height **WT:** Weight

MISC. NO.: Enter other identifying numbers (e.g. Other State Driver's License Number)

EYE COLOR: Eye Color **HAIR COLOR:** Hair Color **HOME ADDRESS:** Home Address

POB: Place of Birth

SOC: Social Security Number (*optional*)

THE LIVE SCAN OPERATOR WILL COMPLETE THE BOTTOM OF THE FORM AND COMPLETE THE FINGERPRINT PROCESSING. THE OPERATOR WILL KEEP THE ORIGINAL COPY OF THIS FORM AND GIVE THE APPLICANT THE SECOND AND THIRD COPIES. THE APPLICANT WILL RETAIN THE THIRD COPY FOR THEIR PERSONAL RECORDS.

IT IS IMPORTANT THAT THE APPLICANT INCLUDE THE SECOND COPY OF THIS REQUEST FORM WITH THE OTHER REQUIRED/COMPLETED DOCUMENTS OF THE APPLICANT PACKET WHEN MAILING TO THE DEPARTMENT OF JUSTICE.