



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ) _____

Authorized Applicant Type _____

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) _____

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 _____

Billing Number _____
(Agency Billing Number)

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

Misc. Number _____
(Other Identification Number)

Home Address Street Address or P.O. Box _____

City _____ State _____ ZIP Code _____

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

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

Original ATI Number _____

Employer (Additional response for agencies specified by statute):

Employer Name _____

Mail Code (five digit code assigned by DOJ) _____

Street Address or P.O. Box _____

City _____ State _____ ZIP Code _____

Telephone Number (optional) _____

Live Scan Transaction Completed By:

Name of Operator _____

Date _____

Transmitting Agency _____ LSID _____

ATI Number _____ Amount Collected/Billed _____