

SAMPLE FOR CERTIFICATION OF NURSING HOME ADMINISTRATOR PROGRAM
REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ) _____ *License Certification or Permit*
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 Name _____ Suffix _____
(Check one)

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: _____ Level of Service: ☐ DOJ ☐ FBI
OCA Number (Agency Identification Number)

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

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 _____