



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

A0084 \_\_\_\_\_ LICENSE CERT OR PERMIT  
 ORI (Code assigned by DOJ) \_\_\_\_\_ Authorized Applicant Type  
 NOTARY PUBLIC 8201.1 GC \_\_\_\_\_  
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) \_\_\_\_\_

### Contributing Agency Information:

CASGSECRETARY OF STATE \_\_\_\_\_ 03690 \_\_\_\_\_  
 Agency Authorized to Receive Criminal Record Information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ)  
 1500 11TH STREET 2ND FLOOR \_\_\_\_\_  
 Street Address or P.O. Box \_\_\_\_\_ Contact Name (mandatory for all school submissions)  
 SACRAMENTO \_\_\_\_\_ CA 95814 \_\_\_\_\_  
 City State ZIP Code \_\_\_\_\_ Contact Telephone Number

### Applicant Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_  
 Other Name \_\_\_\_\_ First \_\_\_\_\_ Suffix \_\_\_\_\_  
 (AKA or Alias) Last  
 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 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Street Address or P.O. Box

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 \_\_\_\_\_