

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ Type of Application: _____
Code assigned by DOJ _____
Job Title or Type of License, Certification, or Permit: _____

Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information _____ Mail Code (five digit code assigned by DOJ) _____
Street _____ Contact Name _____
City _____ State _____ Zip Code _____ Contact Telephone No. _____

Name of Applicant: _____ Last * _____ First * _____ MI _____
Alias: _____ Last _____ First _____ Driver's License No. _____
Date of Birth:* _____ Sex: Male Female Misc. NO. BIL- _____
Height:* _____ Weight:* _____ Misc. No: _____
Eye Color:* _____ Hair Color: _____ Home Address:* _____
Place of Birth:* _____ Street or P.O. Box _____
SOC:* _____ City, State and Zip Code _____

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 _____ Mail Code (five digit code assigned by DOJ) _____
City _____ State _____ Zip Code _____ Agency Telephone No. (optional) _____

Live Scan Transaction Completed by: _____ Date: _____
Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

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Last _____ First _____
Date of Birth:* _____ Sex: Male Female Misc. NO. BIL- _____
Height:* _____ Weight:* _____ Misc. No: _____
Eye Color:* _____ Hair Color: _____ Home Address:* _____
Place of Birth:* _____ Street or P.O. Box _____
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Date of Birth:* _____ Sex: <input type="radio"/> Male <input type="radio"/> Female	Misc. No: _____
Height:* _____ Weight:* _____	Home Address:* _____ Street or P.O. Box
Eye Color:* _____ Hair Color: _____	City, State and Zip Code
Place of Birth:* _____	
SOC:* _____	

Your Number: _____ OCA No. (Agency Identifying No.)	Level of Service: <input type="radio"/> DOJ <input type="radio"/> FBI
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