

# 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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Street \_\_\_\_\_ Contact Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Contact Telephone No. \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
Last \* \_\_\_\_\_ First \* \_\_\_\_\_ MI \_\_\_\_\_  
Alias: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
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 \_\_\_\_\_  
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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*Applicant Submission*

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

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