



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

Other Name
(AKA or Alias) Last Name

Sex: Male Female

First Name Middle Initial Suffix

First Name Middle Initial Suffix

Date of Birth (MM/DD/YYYY)

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 (MM/DD/YYYY)

Transmitting Agency LSID

ATI Number Amount Collected/Billed