

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ Type of Application: (check one) Employment License, Certification, Permit Volunteer
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 No. _____ Street or PO Box _____ Contact Name (Mandatory for all school submissions) _____
City _____ State _____ Zip Code _____ () _____
Contact Telephone No. _____

Name of Applicant: _____
(Please print) Last First MI

AKA's: _____ CDL No. _____
Last First

DOB: _____ SEX: Male Female Misc. No. **BIL** - _____
Agency Billing Number (if applicable)

HT: _____ WT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

POB: _____ Street or PO Box _____

SOC: _____ City, State and Zip Code _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service DOJ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name _____

Street No. _____ Street or PO Box _____ Mail Code (five digit code assigned by DOJ) _____

City _____ State _____ Zip Code _____ () _____
Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

**GUIDELINES FOR COMPLETING REQUEST FOR LIVE SCAN SERVICE
APPLICANT SUBMISSION FORM**

1. **ORI:** Agency's ORI code assigned by DOJ. You must request this in advance of submitting via live scan.
2. **Type of Application:** Check the appropriate box for employment, license, certification, permit, or volunteer. Only one box should be checked.
3. **Job Title or Type of License, Certification, or Permit:** Enter the job title or type of license, certification or permit for which the applicant is applying. If applicant is a volunteer, enter volunteer.
4. **Agency Address Set Contributing Agency:** Enter contributing agency information (please print or attach a preprinted mailing label in this area).

Agency authorized to receive criminal history information: Agency Name.

Street No., Street or P.O. Box: Agency's Street address or P.O. Box.

City, State and Zip code: Agency's City, State and Zip code.

Mail Code: Agency's unique five digit code assigned by DOJ. This code applies only to those agencies who have indicated that they wish to receive an Internet or FAX response and have provided their Internet address or FAX number to DOJ. Five digit codes will be assigned by DOJ and provided to submitting agencies. You must request this in advance of submitting via live scan.

Contact Name: Contact person within your agency. **(Schools must provide a contact name for serious/violent notification calls.)**

Contact Telephone No.: Contact person's phone number.

5. **Name of Applicant:** Enter applicant's full name.

AKA's: Names (if any) the applicant has used. **CDL No:** California Driver's License Number

DOB: Date of Birth **SEX:** Gender (male or female) **Misc. No. BIL:** Enter Agency's billing number (if applicable) **SEE NOTE ON PAGE 2**

HT: Height **WT:** Weight **Misc. No.:** Enter other identifying numbers. (e.g., Other State Driver's License Number)

EYE Color: Eye Color **HAIR Color:** Hair color **Home Address:** Home address (Applies only to Youth Organization, Human Resource Agency or Public Utility submissions)

POB: Place of Birth

SOC: Social Security Number

6. **Your Number:** Identifying numbers your agency has assigned to this applicant, if any.

Level of Service: Check the box for DOJ if you are requesting California information. You may also check the box for FBI if you are requesting information from other states and have authority to do so.

If resubmission, list Original ATI No.: Enter the original ATI number provided on the reject notification to avoid paying an additional processing fee.

7. **Employer:** If your contributing agency is **not** Department of Social Services, DMV/CHP licensing, or Department of Corporations **DO NOT COMPLETE THIS SECTION.**