

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: CA0349412 Type of Application: (check one) Employment License, Certification, Permit Volunteer
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: VICTIM OF IDENTITY THEFT

Agency Address Set Contributing Agency:

DEPARTMENT OF JUSTICE

Agency authorized to receive criminal history information

06168

Mail Code (five-digit code assigned by DOJ)

P.O. BOX 903417

Street No. Street or PO Box

COMMAND CENTER

Contact Name (Mandatory for all school submissions)

SACRAMENTO

City

CA

State

94203 - 4170

Zip Code

(916) 227 - 3244

Contact Telephone No.

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

AKA's: _____
Last First

CDL No. _____

DOB: _____ SEX: Male Female

Misc. No. BIL - NONE
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: N/A
OCA No. (Agency Identifying No.)

Level of Service DOJ FBI

If resubmission, list Original ATI No. N/A

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

N/A
Employer Name

Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

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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**

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: *COMPLETED BY DOJ.*

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

POB: Place of Birth

SOC: Social Security Number (*optional*)

THE LIVE SCAN OPERATOR WILL COMPLETE THE BOTTOM OF THE FORM AND COMPLETE THE FINGERPRINT PROCESSING. THE OPERATOR WILL KEEP THE ORIGINAL COPY OF THIS FORM AND GIVE THE APPLICANT THE SECOND AND THIRD COPIES. THE APPLICANT WILL RETAIN THE THIRD COPY FOR THEIR PERSONAL RECORDS.

IT IS IMPORTANT THAT THE APPLICANT INCLUDE THE SECOND COPY OF THIS REQUEST FORM WITH THE OTHER REQUIRED/COMPLETED DOCUMENTS OF THE APPLICANT PACKET WHEN MAILING TO THE DEPARTMENT OF JUSTICE.