

**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:**

\_\_\_\_\_ Mail Code (five-digit code assigned by DOJ)  
Agency authorized to receive criminal history information

\_\_\_\_\_ Contact Name (Mandatory for all school submissions)  
Street No. Street or PO Box

\_\_\_\_\_ ( ) \_\_\_\_\_  
City State Zip Code Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ SEX: Male Female Misc. No. **BIL** - \_\_\_\_\_  
Agency Billing Number (if applicable)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. No. \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Street or P.O. Box

Place of Birth: \_\_\_\_\_ City, State and Zip Code \_\_\_\_\_

SOC: \_\_\_\_\_

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

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

\_\_\_\_\_ ( ) \_\_\_\_\_  
City State Zip Code Agency Telephone No. (Optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

\_\_\_\_\_ Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed