

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	First Name Middle Initial Suffix
Other Name (AKA or Alias) Last	First Suffix
Date of Birth Sex Male Female	Driver's License Number
Height Weight Eye Color Hair Color	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: X DOJ X 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
Transmitting Agency LSID	ATI Number Amount Collected/Billed