

REQUEST FOR LIVE SCAN SERVICE Applicant Submission

(License, Certification, Permit Only, or Business Partner Automation Program Participant)

To verify your identity, please bring an official governmental photo document (e.g., driver license, identification card, passport, etc.) with you to the live scan site. Processing fees are non-refundable. 1. CODE ASSIGNED BY DOJ Please read instructions on reverse before completing form. ORI: A0059 APPLICANT COMPLETES (EXCEPT ITEM 15) — PLEASE PRINT. 2. CHECK APPROPRIATE BOX (SEE REVERSE FOR INSTRUCTIONS) **Ambulance Driver Certificate Only** В. Department of Motor Vehicles Department of Motor Vehicles Licensing Operations Division Licensing Operations Division Occupational Licensing Branch Issuance, Commercial Driver License P. O. Box 932342 MS-L224 P.O. Box 942890 Sacramento, CA 94232-3420 Sacramento, CA 94232-3420 Five Digit Mail Code: 04620 Five Digit Mail Code: 04621 **Contact:** Operations Manager Contact: CDL/PDPS Manager 916-229-3153 916-657-5771 3. TYPE OF APPLICATION (ONLY IF CHECKING BOX"A"ABOVE) — Check One ☐ Certification ☐ Permit License ☐ Business Partner Automation Program Participant 4. APPLICANT'S NAME (LAST, FIRST, MIDDLE INITIAL) 5. AKA'S (LAST, FIRST) ADDITIONAL AKA'S (LAST, FIRST) 6. DATE OF BIRTH 7. SEX 8. HEIGHT 9. WEIGHT 10. EYE COLOR 11. HAIR COLOR ___Male Female 12. PLACE OF BIRTH 13. SOCIAL SECURITY NUMBER 14. CALIFORNIA DRIVER LICENSE/IDENTIFICATION NUMBER 15. NO BILLING NUMBER—APPLICANT PAYS 16. MISCELLANEOUS NUMBER 17. HOME ADDRESS AND TELEPHONE NUMBER STREET CITY ZIP CODE TELEPHONE NUMBER **DMV COMPLETES** 18. YOUR NUMBER (OCA NUMBER—AGENCY IDENTIFYING NUMBER) 20. LEVEL OF SERVICE 19. IF RESUBMISSION, LIST ORIGINAL ATI NUMBER OLAD **X** DOJ JFBI LIVE SCAN OPERATOR COMPLETES **22.** DATE 21. OPERATOR COMPLETING LIVE SCAN TRANSACTION 23. TRANSMITTING AGENCY (LSID NUMBER) 24. ATI NUMBER 25. AMOUNT COLLECTED 26. AMOUNT BILLED

DISTRIBUTION: ORIGINAL - Live Scan Operator

SECOND COPY - Requesting Agency

THIRD COPY - Applicant

INSTRUCTIONS FOR COMPLETING FRONT

- 1. Code Assigned by DOJ: ORI number pre-printed.
- 2. **Agency Address Set Contributing Agency:** Check box "B" if applying for an Ambulance Driver Certificate. Check box "A" for all other licenses, Vehicle Verifier Permit, or Business Partner Automation Program Participant.
- 3. Type of Application: Check one. Applications for the following type licenses require Live Scan services.
 - Ambulance Driver Certificate
 - Business Partner Automation Program/Registration Service Owner
 - Business Partner Automation Program/Dealer Owner
 - Business Partner Automation Program/Employee (i.e., Registration Service, Dealer, Automobile Club, Rental Car, Leasing Company employee).
 - Dealer License
 - Dismantler/Wrecker License
 - Distributor License
 - Distributor Representative License
 - Driving School Instructor License
- 4. Name of Applicant: Enter applicant's full name.
- 5. **AKA's:** Enter any other names applicant has used.
- 6. Date of Birth: Enter applicant's date of birth.
- 7. **Sex:** Check appropriate gender box.
- 8. Height: Enter applicant's height.
- 9. Weight: Enter applicant's weight.
- 10. Eye color: Enter applicant's eye color.
- 11. Hair color: Enter applicant's hair color.
- 12. Place of birth: Enter city, state, and country
- 13. Social Security Number: Enter applicant's social security number.
- 14. California Driver License/Identification Card number: Enter applicant's California Driver License/Identification Card number.
- 15. Applicant Pays: Live Scan operator will complete.
- 16. Miscellaneous Number: Enter other identifying numbers (e.g., other state driver license number).
- 17. **Home Address:** Enter applicant's residence address and telephone number.
- 18. Your number: DMV identifying number pre-printed.
- 19. **If resubmission:** Enter the original ATI number provided on the reject notification to avoid paying an additional processing fee.
- 20. **Level of Service:** DOJ required for occupational licenses, in addition, FBI required for Business Partner Automation Program Participants, and employer testing program examiners.
- 21. **Operator Completing Live Scan Transaction:** Enter operator's name.
- 22. Date: Enter date transaction was completed.
- 23. **Transmitting Agency:** Enter live scan identification number.
- 24. ATI Number: Enter ATI number.
- 25. Amount Collected: Enter amount collected.
- 26. Amount Billed: Enter amount billed.

- Driving School Operator License
- Driving School Owner License
- Employer Testing Program Examiner
- Lessor/Retailer License
- Manufacturer License (includes Remanufacturer)
- Manufacturer Representative License
- Registration Service License
- Salesperson License
- Transporter License
- Traffic Viol. School Owner License (includes Operator or Instructor)
- Vehicle Verifier Permit