



**\* EXAMPLE \***

**REQUEST FOR LIVE SCAN SERVICE**

Applicant Submission

CA0100200

ORI (Code assigned by DOJ)

License/Permit  
Authorized Applicant Type

Position or Title of Job you applied for.  
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - If assigned by DOJ, use exact title assigned)

Contributing Agency Information:

COALINGA POLICE DEPARTMENT  
Agency Authorized to Receive Criminal Record Information

07032  
Mail Code (five-digit code assigned by DOJ)

270 N. SIXTH STREET  
Street Address or P.O. Box

Vanessa Gonzales  
Contact Name (mandatory for all school submissions)

COALINGA CA 93210  
City State ZIP Code

(559) 935-2313  
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

Billing Number 100201  
(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:  DOJ |  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 Street Address or P.O. Box City State ZIP Code  
Mail Code (five digit code assigned by DOJ) Telephone Number (optional)

Live Scan Transaction Completed By:			
Name of Operator	LSID	Date	ATI Number
Transmitting Agency	LSID	ATI Number	Amount Collected/Billed