



# EXAMPLE

## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

CA0100200

ORI (Code assigned by DOJ)

LICENSE/PERMIT

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:

COALINGA POLICE DEPARTMENT

Agency Authorized to Receive Criminal Record Information

270 N. SIXTH STREET

Street Address or P.O. Box

COALINGA

City

CA 93210

State ZIP Code

07032

Mail Code (five-digit code assigned by DOJ)

STACY ANDERSON

Contact Name (mandatory for all school submissions)

(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)

Misc. Number

Number

(Other Identification Number)

Place of Birth (State or Country)

Social Security Number

City

State

ZIP Code

Home Address

Street Address or P.O. Box

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

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