



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ) _____ Mobile Intensive Care Nurse Accred
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 _____ Billing 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: 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 _____