



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

<p>ORI (Code assigned by DOJ) _____</p> <p>Type of License/Certification/Permit <u>OR</u> Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) _____</p> <p>Contributing Agency Information:</p> <p>Agency Authorized to Receive Criminal Record Information _____</p> <p>Street Address or P.O. Box _____</p> <p>City _____ State _____ ZIP Code _____</p>	<p>Paramedic Accredited Authorized Applicant Type _____</p> <p>Mail Code (five-digit code assigned by DOJ) _____</p> <p>Contact Name (mandatory for all school submissions) _____</p> <p>Contact Telephone Number _____</p>
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Applicant Information:

<p>Last Name _____</p> <p>Other Name (AKA or Alias) Last _____</p> <p>Date of Birth _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Height _____ Weight _____ Eye Color _____ Hair Color _____</p> <p>Place of Birth (State or Country) _____ Social Security Number _____</p> <p>Home Address Street Address or P.O. Box _____</p>	<p>First Name _____ Middle Initial _____ Suffix _____</p> <p>First _____ Suffix _____</p> <p>Driver's License Number _____</p> <p>Billing Number _____ (Agency Billing Number)</p> <p>Misc. Number _____ (Other Identification Number)</p> <p>City _____ State _____ ZIP Code _____</p>
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<p>Your Number: _____ OCA Number (Agency Identifying Number)</p>	<p>Level of Service: <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI</p> <p>Original ATI Number _____</p>
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Employer (Additional response for agencies specified by statute):

<p>Employer Name _____</p> <p>Street Address or P.O. Box _____</p> <p>City _____ State _____ ZIP Code _____</p>	<p>Mail Code (five digit code assigned by DOJ) _____</p> <p>Telephone Number (optional) _____</p>
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Live Scan Transaction Completed By:

<p>Name of Operator _____</p> <p>Transmitting Agency _____ LSID _____</p>	<p>Date _____</p> <p>ATI Number _____ Amount Collected/Billed _____</p>
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