

# REQUEST FOR LIVE SCAN SERVICE

*Applicant Submission*

ORI: _____ Code assigned by DOJ	Type of Application: _____
Job Title or Type of License, Certification, or Permit: _____	

## Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information	Mail Code (five digit code assigned by DOJ)
Street	Contact Name
City State Zip Code	Contact Telephone No.

Name of Applicant: _____ Last * First * MI	Driver's License No. _____
Alias: _____ Last First	Misc. NO. BIL- _____
Date of Birth:* _____ Sex: <input type="radio"/> Male <input type="radio"/> Female	Misc. No: _____
Height:* _____ Weight:* _____	Home Address:* _____ Street or P.O. Box
Eye Color:* _____ Hair Color: _____	City, State and Zip Code
Place of Birth:* _____	
SOC:* _____	

Your Number: _____ OCA No. (Agency Identifying No.)	Level of Service: <input type="checkbox"/> DOJ <input type="checkbox"/> FBI
If resubmission, list Original ATI No. _____	

## Employer: (Do do not complete)

Employer Name	
Street	Mail Code (five digit code assigned by DOJ)
City State Zip Code	Agency Telephone No. (optional)

Live Scan Transaction Completed by: _____	Date: _____	
Transmitting Agency	ATI No.	Amount Collected/Billed

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Street \_\_\_\_\_ Contact Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Contact Telephone No. \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Last \* \_\_\_\_\_ First \* \_\_\_\_\_ MI \_\_\_\_\_  
Alias: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Date of Birth:\* \_\_\_\_\_ Sex:  Male  Female Misc. NO. BIL- \_\_\_\_\_  
Height:\* \_\_\_\_\_ Weight:\* \_\_\_\_\_ Misc. No: \_\_\_\_\_  
Eye Color:\* \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address:\* \_\_\_\_\_  
Place of Birth:\* \_\_\_\_\_ Street or P.O. Box \_\_\_\_\_  
SOC:\* \_\_\_\_\_ City, State and Zip Code \_\_\_\_\_

Your Number: \_\_\_\_\_ Level of Service:  DOJ  FBI  
OCA No. (Agency Identifying No.) \_\_\_\_\_  
If resubmission, list Original ATI No. \_\_\_\_\_

## Employer: (Do not complete)

Employer Name \_\_\_\_\_  
Street \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Agency Telephone No. (optional) \_\_\_\_\_

Live Scan Transaction Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

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## Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_  
Street \_\_\_\_\_ Contact Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Contact Telephone No. \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
Last \* \_\_\_\_\_ First \* \_\_\_\_\_ MI \_\_\_\_\_  
Alias: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_  
Date of Birth:\* \_\_\_\_\_ Sex:  Male  Female Misc. NO. BIL- \_\_\_\_\_  
Height:\* \_\_\_\_\_ Weight:\* \_\_\_\_\_ Misc. No: \_\_\_\_\_  
Eye Color:\* \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address:\* \_\_\_\_\_  
Place of Birth:\* \_\_\_\_\_ Street or P.O. Box \_\_\_\_\_  
SOC:\* \_\_\_\_\_ City, State and Zip Code \_\_\_\_\_

Your Number: \_\_\_\_\_ Level of Service:  DOJ  FBI  
OCA No. (Agency Identifying No.) \_\_\_\_\_  
If resubmission, list Original ATI No. \_\_\_\_\_

## Employer: (Do not complete)

Employer Name \_\_\_\_\_  
Street \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Agency Telephone No. (optional) \_\_\_\_\_

Live Scan Transaction Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_