

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ Type of Application: _____
Code assigned by DOJ

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 No.	Street or P.O. Box	Contact Name (Mandatory for all school submissions)
City	State	Zip Code
		Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI

Alias: _____ Driver's License No. _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. **BIL** - _____
Agency Billing Number (if applicable)

Height: _____ Weight: _____ Misc. No: _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box

Place of Birth: _____
City, State and Zip Code

SOC: _____

Your Number: _____ Level of Service DOJ FBI
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No.

Employer:

Employer Name		
Street No.	Street or P.O. Box	Mail code (five digit code assigned by DOJ)
()		Agency Telephone No. (Optional)
City	State	Zip

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

ANZAVISTA _____
Transmitting Agency ATI No. Amount Collected/Billed