

REQUEST FOR LIVE SERVICE

Applicant Submission

ORI: _____ Type of Application: (check one) Employment License, Certification, Permit Volunteer
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 PO Box _____ Contact Name (Mandatory for all school submissions)

_____ City _____ State _____ Zip Code () _____ Contact Telephone No.

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

AKA's: _____ Last First CDL No. _____

DOB: _____ SEX: Male Female Misc. No. **BIL-** _____
Agency Billing Number (if applicable)

HT: _____ WT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

POB: _____ _____ Street or PO Box

SOC: _____ _____ City, State and Zip Code

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

If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, SMV/CHP licensing and Department of Corporations submissions only)

_____ Employer Name

_____ Street No. _____ Street or PO Box _____ Mail Code (five digit code assigned by DOJ)

_____ City _____ State _____ Zip Code () _____ Agency Telephone No. (Optional)

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

_____ Transmitting Agency _____ ATI No. _____ Amount Collected/Billed