



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0300000

ORI (Code assigned by DOJ)

CCW / STANDARD 2 YEAR / INITIAL –

Type of License/Certificate/Permit OR Working Title (Maximum 30 characters – If assigned by DOJ, use exact title assigned)

Contributing Agency Information

ORANGE COUNTY SHERIFF'S DEPARTMENT

Agency Authorized to Reserve Criminal Record Information

P.O. Box 449

Street Address or P.O. Box

Santa Ana

City

CA

State

92702

ZIP Code

04490

Mail Code (five-digit code assigned by DOJ)

CCW Unit

Contact Name (mandatory for all school submissions)

(714) 834-7229

Contact Phone Number

Applicant Information:

Last Name

Other Name

(AKA or Alias Last)

Sex Male Female

Date of Birth

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address | **Street Address or P.O. Box**

First Name

Middle Initial

Suffix

First

Middle

Suffix

Driver's License Number

Billing
Number

(Agency Billing Number)

Misc.
Number

(Other Identification Number)

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

DOJ

FBI

Firearms

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

N/A

Employer Name

Mail Code (five digit code assigned by DOJ)

N/A

Mail Code (five digit code assigned by DOJ)

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

ORINGAL – Live Scan Operator

SECOND COPY – Applicant

THIRD COPY (if needed) – Requesting Agency