

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: CA0371100 Type of Application: Permits/Licensing
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

San Diego Police Department 08228
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)

P.O. Box 121431 M/S 735
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)

San Diego, CA 92112-1431 (619) 531-2250
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** - Applicant to Pay
Agency Billing Number

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: (Additional response for agencies specified by statute)~~

~~Employer Name~~

~~Street No. Street or P.O. 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 _____