

# 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 \_\_\_\_\_ 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: (Additional response for agencies specified by statute)

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 \_\_\_\_\_

# 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 \_\_\_\_\_ 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: (Additional response for agencies specified by statute)

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 \_\_\_\_\_

# 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 \_\_\_\_\_ 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: (Additional response for agencies specified by statute)

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 \_\_\_\_\_