



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

### Applicant Information:

<p>Last Name _____</p> <p>Other Name (AKA or Alias) Last _____</p> <p>Date of Birth _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Height _____ Weight _____ Eye Color _____ Hair Color _____</p> <p>Place of Birth (State or Country) _____ Social Security Number _____</p> <p>Home Address Street Address or P.O. Box _____</p>	<p>First Name _____ Middle Initial _____ Suffix _____</p> <p>First _____ Suffix _____</p> <p>Driver's License Number _____</p> <p>Billing Number _____  <small>(Agency Billing Number)</small></p> <p>Misc. Number _____  <small>(Other Identification Number)</small></p> <p>City _____ State _____ ZIP Code _____</p>
--	---

Your Number: \_\_\_\_\_  
OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

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

Original ATI Number \_\_\_\_\_

### Employer (Additional response for agencies specified by statute):

<p>Employer Name _____</p> <p>Street Address or P.O. Box _____</p> <p>City _____ State _____ ZIP Code _____</p>	<p>Mail Code (five digit code assigned by DOJ) _____</p> <p>Telephone Number (optional) _____</p>
---	---

### Live Scan Transaction Completed By:

<p>Name of Operator _____</p> <p>Transmitting Agency _____</p>	<p>Date _____</p> <p>ATI Number _____</p> <p>Amount Collected/Billed _____</p>
--	--