



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0349400
ORI (Code assigned by DOJ)

P.O.S.T. Certification (Non-Sponsored)
Authorized Applicant Type

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

Contributing Agency Information:

DOJ/ Firearms Division
Agency Authorized to Receive Criminal Record Information

(Leave Blank)
Mail Code (five-digit code assigned by DOJ)

P.O. Box 820200
Street Address or P.O. Box

(Leave Blank)
Contact Name (mandatory for all school submissions)

Sacramento Ca. 94203
City State ZIP Code

(916) 227-1375
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: (Leave This Blank)
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

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

(Leave This Blank)
Original ATI Number

Employer (Additional response for agencies specified by statute):

DOJ/ Firearms Division
Employer Name

Mail Code (five digit code assigned by DOJ)

P.O. Box 820200
Street Address or P.O. Box

Sacramento Ca. 94203
City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:			
Name of Operator		Date	
Transmitting Agency	LSID	ATI Number	Amount Collected/Billed