



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

AA498  
 ORI (Code assigned by DOJ) \_\_\_\_\_ Authorized Applicant Type \_\_\_\_\_  
 VOLUNTEER  
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) \_\_\_\_\_

#### Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_  
 Street Address or P.O. Box \_\_\_\_\_ Contact Name (mandatory for all school submissions) \_\_\_\_\_  
 City \_\_\_\_\_ State  ZIP Code \_\_\_\_\_ Contact Telephone Number \_\_\_\_\_

#### Applicant Information:

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_ **Suffix** \_\_\_\_\_  
 Other Name: (AKA or Alias) \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Suffix \_\_\_\_\_  
 Sex  Male  Female  
**Date of Birth** \_\_\_\_\_ **Driver's License Number** \_\_\_\_\_  
**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Eye Color** \_\_\_\_\_ **Hair Color** \_\_\_\_\_  
 Billing Number \_\_\_\_\_ (Agency Billing Number)  
 Misc. Number \_\_\_\_\_ (Other Identification Number)  
 Place of Birth (State or Country) \_\_\_\_\_ **Social Security Number** \_\_\_\_\_  
 Home Address \_\_\_\_\_ **City** \_\_\_\_\_ **State**  **ZIP Code** \_\_\_\_\_

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

\_\_\_\_\_ **Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Your Number: 10V254 \_\_\_\_\_ Level of Service:  DOJ  FBI  
OCA Number (Agency Identifying Number) (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

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

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

Employer Name \_\_\_\_\_  
 Street Address or P.O. Box \_\_\_\_\_ Telephone Number (optional) \_\_\_\_\_  
 City \_\_\_\_\_ State  ZIP Code \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_

#### Live Scan Transaction Completed By:

Name of Operator \_\_\_\_\_ Date \_\_\_\_\_  
 Transmitting Agency \_\_\_\_\_ LSID \_\_\_\_\_ ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_