



# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

**CA0300000**

ORI (Code assigned by DOJ)

**MESSAGE TECHNICIAN –**

Type of License/Certificate/Permit OR Working Title (Maximum 30 characters – If assigned by DOJ, use exact title assigned)

**LICENSE CERTIFICATE PERMIT**

Authorized Applicant Type

## Contributing Agency Information

**ORANGE COUNTY SHERIFF'S DEPARTMENT**

Agency Authorized to Reserve Criminal Record Information

**04490**

Mail Code (five-digit code assigned by DOJ)

**P.O. Box 449**

Street Address or P.O. Box

**Business Licensing**

Contact Name (mandatory for all school submissions)

**Santa Ana**

City

**CA**

State

**92702**

ZIP Code

**(714) 834-5503**

Contact Phone Number

## Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias Last

First

Middle

Suffix

Sex  Male  Female

Date of Birth

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:

OCA Number (Agency Identifying Number)

Level of Service:

DOJ

FBI

Firearms

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

**N/A**

Employer Name

Mail Code (five digit code assigned by DOJ)

**N/A**

Mail Code (five digit code assigned by DOJ)

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed