



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

**CA0349400**

ORI (Code assigned by DOJ)

**POST CERTIFICATION (NON-SPONSORED 13511.5 PC)**

Authorized Applicant Type

**POST CERTIFICATION**

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

Contributing Agency Information:

**DOJ/BUREAU OF FIREARMS**

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

**P.O. BOX 820200**

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

**SACRAMENTO**

City

**CA**

State

**94203-0200**

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:

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):

**DOJ/BUREAU OF FIREARMS**

Employer Name

Mail Code (five digit code assigned by DOJ)

**P.O. BOX 820200**

Street Address or P.O. Box

**SACRAMENTO**

City

**CA**

State

**94203-0200**

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed