

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

ORI: CA0190000 Type of Application: (check one)  Employment  License, Certification, Permit  Volunteer  
Code assigned by DOJ  
Job Title or Type of License, Certification or Permit: -Lomita

### Agency Address Set Contributing Agency

Los Angeles Sheriff's Department-License Unit

07253

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

11515 S. Colima Road, Room C111

Investigator Mel Cunningham

Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

Whittier

CA

90604

562-946-7192 or 661-799-5171

City

State

Zip Code

Contact Telephone No.

### Name of Applicant:

(Please print)

Last

First

MI

AKA's: \_\_\_\_\_

Last

First

CA Driver's License # \_\_\_\_\_

DOB: \_\_\_\_\_ SEX:  Male  Female

Misc. No. BIL - Applicant to pay at site.

Agency Billing Number (if applicable)

HT: \_\_\_\_\_ WT: \_\_\_\_\_

Misc. No. \_\_\_\_\_

EYE Color: \_\_\_\_\_ HAIR Color: \_\_\_\_\_

Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

Place of Birth \_\_\_\_\_

Street or PO Box

SOC: \_\_\_\_\_

City, State and Zip Code

Your Number: MC 461404  
OCA No. (Agency Identifying No.)

Level of Service

DOJ



FBI



If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

N/A

Employer Name

N/A

Street No.

Street or PO Box

N/A

Mail Code (five digit code assigned by DOJ)

N/A

City

State

Zip Code

N/A

Agency Telephone No. (Optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date \_\_\_\_\_

Name of Operator

Transmitting Agency

ATI No.

Amount Collected/Billed