

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0084 Type of Application: License, Certification or Permit

Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Notary Public

Agency Address Set Contributing Agency

Secretary of State 03690

Agency authorized to receive criminal history information

Mail Code (five digit assigned by DOJ)

1500 11th Street, 2nd Floor

Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)

Sacramento CA 95814 ( ) Contact Telephone No.

Name of Applicant: (please print) Last First MI

Alias: Last First Driver's License No.

Date of Birth: SEX: Male Female Misc. No. BIL - APPLICANT MUST PAY AT LIVE SCAN SITE Agency Billing Number

Height: Weight: Misc. No:

Eye Color: Hair Color: Home Address: Street or P.O. Box

Place of Birth: City, State and Zip Code

Social Security Number:

Your Number: OCA No. Level of Service X DOJ X FBI

If resubmission, list Original ATI No.

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)

City State Zip Code ( ) Agency Telephone No. (optional)

Live Scan Transaction Completed By: Name of Operator Date:

Transmitting Agency ATI No. Amount Collected/Billed