



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

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

Contributing Agency Information: DEPARTMENT OF HEALTH SERVICES, COUNTY OF L.A.			06096
Agency Authorized to Receive Criminal Record Information			Mail Code (five-digit code assigned by DOJ)
5555 FERGUSON DRIVE			GLORIA ALVAREZ
Street Address or P.O. Box			Contact Name (mandatory for all school submissions)
COMMERCE	CA	90022	(323) 914-5268
City	State	Zip Code	Contact Telephone Number

Applicant Information:

Last Name	First Name	Middle Initial	Suffix
Other Name (AKA or Alias) Last	First Name		Suffix
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
Height	Weight	Eye Color	Hair Color
Place of Birth (State or Country)	Social Security Number		
Home Address	Street Address or P.O. Box	City	State Zip Code
Driver's License Number		Billing Number (Agency Billing Number)	
Misc. Number (Other Identification Number)			

Your Number: _____ <small>OCA Number (Agency Identification Number)</small>	Level of Service: <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI
If re-submission, list ATI number: (Must provide proof of Rejection)	Original ATI Number _____

Employer (Additional response for agencies specified by statute):

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

Live Scan Transaction Completed By:

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