

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: A0084 Type of Application: LICENSE CERT OR PERMIT
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: NOTARY PUBLIC 8201.1 GC

Agency Address Set Contributing Agency:

CASGSECRETARY OF STATE 03690
Agency authorized to receive criminal history information Mail Code (five digit code 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 ()
City State Zip Code Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI

Alias: _____ Driver's License No. _____
Last First

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

SOC: _____

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

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: JACQUELYN SMITH Date: _____
Name of Operator

TCA _____
Transmitting Agency ATI No. Amount Collected/Billed