



REQUEST FOR LIVE SCAN SERVICE

Print Form

Reset Form

Applicant Submission

AB165

ORI (Code assigned by DOJ)

FIREARMS RECORD REVIEW

Authorized Applicant Type

FIREARMS ELIGIBILITY

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

Contributing Agency Information:

CALIFORNIA DEPARTMENT OF JUSTICE - RECORD REVIEW UNIT

Agency Authorized to Receive Criminal Record Information

RECORD REVIEW UNIT

Contact Name (mandatory for all school submissions)

P.O. BOX 903417

Street Address or P.O. Box

SACRAMENTO

City

CA 94203-4170

State ZIP Code

Applicant Information:

Last Name

Other Name
(AKA or Alias) Last

Date of Birth

Sex Male Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First

Suffix

Driver's License Number

Billing

Number **APPLICANT TO PAY FEES**

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service: **DOJ**

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Designee (Optional for individual designated by applicant pursuant to Penal Code section 11124):

Designee Name

Telephone Number (optional)

Street Address or P.O. Box

City

State

ZIP Code

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed