



REQUEST FOR LIVE SCAN SERVICE (VISA/Immigration)

Print Form

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Applicant Submission

AE709 VISA/IMMIGRATION
ORI (Code assigned by DOJ) Authorized Applicant Type

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

Contributing Agency Information: DEPARTMENT OF JUSTICE		N/A
Agency Authorized to Receive Criminal Record Information		Mail Code (five-digit code assigned by DOJ)
P.O. Box 903387		Applicant Program
Street Address or P.O. Box		Contact Name (mandatory for all school submissions)
SACRAMENTO	CA 94203-3870	916-210-4239
City	State ZIP Code	Contact Telephone Number

Applicant Information:

Last Name		First Name	Middle Initial	Suffix
Other Name (AKA or Alias) Last		First	Suffix	
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License Number		
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

Your Number: N/A
OCA Number (Agency Identifying Number)

Level of Service: DOJ

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

Employer (Additional response for agencies specified by statute):

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

Live Scan Transaction Completed By:

<u>Jacquelyn Smith</u>		Date	
Name of Operator		ATI Number	
<u>TCA</u>	Transmitting Agency	LSID	Amount Collected/Billed