



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0190000 STANDARD
 ORI (Code assigned by DOJ) Authorized Applicant Type

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

Contributing Agency Information:

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT 11994
 Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)

211 WEST TEMPLE STREET CARMEN RODRIGUEZ
 Street Address or P.O. Box Contact Name (mandatory for all school submissions)

LOS ANGELES CA 90012 (213) 229-3075
 City State ZIP Code Contact Telephone Number

Applicant Information:

Last Name First Name Middle Initial Suffix
 Other Name: (AKA or Alias)

Last Name First Name Suffix

Sex Male Female

Date of Birth Driver's License Number

Height Weight Eye Color Hair Color Billing Number
 (Agency Billing Number)

Place of Birth (State or Country) Social Security Number Misc. Number
 (Other Identification Number)

Home Address Street Address or P.O. Box City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature Date

Your Number: _____ Level of Service: DOJ FBI
OCA Number (Agency Identifying Number) (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

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

Employer (Additional response for agencies specified by statute):

Employer Name _____

Street Address or P.O. Box Telephone Number (optional) _____

City State ZIP Code Mail Code (five digit code assigned by DOJ) _____

Live Scan Transaction Completed By: _____
 Name of Operator Date

TCA _____
 Transmitting Agency LSID ATI Number Amount Collected/Billed