



REQUEST FOR LIVE SCAN SERVICE (Record Review or Foreign Adoption)

Print Form

Reset Form

Applicant Submission

CA0349435

ORI (Code assigned by DOJ)

Type of Application (Check One Only)

Record Review

Foreign Adoption

Reason for Application

Contributing Agency Information:

DEPARTMENT OF JUSTICE

Agency Authorized to Receive Criminal Record Information

P.O. BOX 903417

Street Address or P.O. Box

SACRAMENTO

City

CA 94203-4170

State ZIP Code

07041

Mail Code (five-digit code assigned by DOJ)

RECORD REVIEW UNIT

Contact Name (mandatory for all school submissions)

(916) 227-3835

Contact Telephone Number

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

Street Address or P.O. Box

First Name

Middle Initial Suffix

First

Suffix

Driver's License Number

Misc. Number (Other Identification Number)

Telephone Number

City

State ZIP Code

Level of Service: DOJ Only

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

Original ATI Number

Foreign Government Embassy: (Mandatory for Foreign Adoption requests pursuant to Penal Code section 11105(c)(12))

Designee -- Do not include Employer: (Optional for individual designated by applicant to Penal Code section 11124)

Designee or Embassy Name

Street Address or P.O. Box

City State Country

ZIP Code Telephone Number

Live Scan Transaction Completed By:

Jacquelyn Smith

Name of Operator

Date

TCA

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed