



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

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:

Agency Authorized to Receive Criminal Record Information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_ Contact Name (mandatory for all school submissions) \_\_\_\_\_

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 \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex  Male  Female  Nonbinary/Unspecified \_\_\_\_\_ Driver's License Number \_\_\_\_\_

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

Place of Birth (City & State) \_\_\_\_\_ Social Security Number \_\_\_\_\_ **Phone Number** \_\_\_\_\_

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

**Months/Years at Current Address:** \_\_\_\_\_  
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: \_\_\_\_\_ Original ATI Number \_\_\_\_\_  
(Must provide proof of rejection)

#### 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:

<b>Russell R. Hoyt</b>		_____/_____/2025	
Name of Operator		Date	
<b>Valley Livescan, LLC</b>	<b>BPP</b>	<b>F</b>	
Transmitting Agency	LSID	ATI Number	Amount Collected/Billed