



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

Contact Email

City

State

ZIP Code

Contact Telephone Number

Contact Fax Number

Applicant Information

Last Name

First Name

Middle Name

Suffix

Other Name (AKA or Alias) Last

Other Name First

Other Name Middle

Suffix

Date of Birth

Sex

Male

Female

Driver's License Number

State

Height

Weight

Eye Color

Hair Color

Mobile Phone Number

Home Phone Number

Place of Birth (State or Country)

Social Security Number

Email Address

Home Address or P.O. Box

City

State

ZIP Code

Live Scan Service

Level of Service: DOJ (FBI not required)

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

Original ATI Number

Applicant Role(s)

Choose all that apply:

Administrator:

Club/League Name

Referee:

Referee Association or "New Referee"

OFFICIAL USE ONLY

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

PRINT TWO COPIES

ORIGINAL - Live Scan Operator SECOND COPY - Applicant (please keep for your records) Please allow at least seven (7) business days for processing.