

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: <u>A1500</u> Type of Application: <u>Process Server</u>		
Job Title or Type of License, Certificate or Permit: <u>Process Server</u>		
Agency Address Set Contributing Agency: <u>L.A County RR/CC</u> <small>Agency authorized to receive criminal history information</small>		
<u>12400 E. Imperial Highway, Room 2001</u> <small>Street No. Street or P.O. Box</small>	<u>06126</u> <small>Mail Code (five digit code assigned by DOJ)</small>	
<u>Norwalk</u> <u>Ca</u> <u>90650</u> <small>City State Zip Code</small>	<u>M. Davis</u> <small>Contact Person</small>	
	<u>(562) 462-3034</u> <small>Contact Telephone No.</small>	
Name of Applicant: _____ <small>(Please print) Last First MI</small>		
Alias: _____ Driver's License No. _____ <small>Last First</small>		
Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Misc. No. <u>Bil-Customer to Pay</u> <small>Agency Billing Number</small>		
Height: _____ Weight: _____ Misc. No: _____		
Eye Color: _____ Hair Color: _____ Home Address _____ <small>Street or P.O. Box</small>		
Place of Birth: _____ <small>City, State and Zip Code</small>		
SOC: _____		
Your Number: _____ Level of Service: <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI <small>OCA No. (Agency Identifying No.)</small>		
If resubmission, list Original ATI No. _____		
Employer: (Additional response for agencies specified by statute)		
_____ Employer Name		
_____ Street Name	_____ Mail Code (five digit assigned by DOJ)	
_____ City State Zip Code	_____ Agency telephone No (optional)	
Live Scan Transaction Completed By: _____ Date: _____ <small>Name of Operator</small>		
_____ Transmitting Agency	_____ ATI No	_____ Amount Collected/Billed

ORIGINAL-Live Scan Operator; SECOND COPY-Requesting Agency; THIRD COPY-Applicant