

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0084 Type of Application: License, Certification or Permit  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Notary Public

Agency Address Set Contributing Agency

Secretary of State 03690

Agency authorized to receive criminal history information Mail Code (five digit assigned by DOJ)

1500 11<sup>th</sup> Street, 2<sup>nd</sup> Floor

Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)

Sacramento CA 95814 ( )

City State Zip Code Contact Telephone No.

Name of Applicant: (please print) Last First MI

Alias: Last First Driver's License No.

Date of Birth: SEX:  Male  Female Misc. No. **BIL** - APPLICANT MUST PAY AT LIVE SCAN SITE  
Agency Billing Number

Height: Weight: Misc. No:

Eye Color: Hair Color: Home Address: Street or P.O. Box

Place of Birth: City, State and Zip Code

Social Security Number:

Your Number: OCA No. Level of Service  DOJ  FBI

If resubmission, list Original ATI No.

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)

City State Zip Code ( ) Agency Telephone No. (optional)

Live Scan Transaction Completed By: Name of Operator Date:

Transmitting Agency ATI No. Amount Collected/Billed