



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ) AB672 Authorized Applicant Type DOJ

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 High Tech L.A. Mail Code (five-digit code assigned by DOJ) 12798
Street Address or P.O. Box 17111 Victory Blvd Contact Name (mandatory for all school submissions) Mat McClenahan
City Van Nuys State CA ZIP Code 91406 Contact Telephone Number 818-609-2640

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____
Other Name (AKA or Alias) Last _____ First _____ Suffix _____
Date of Birth _____ Sex Male Female Driver's License Number _____
Height _____ Weight _____ Eye Color _____ Hair Color _____ Billing Number _____
Place of Birth (State or Country) _____ Social Security Number _____ Misc. Number _____
Home Address Street Address or P.O. Box _____ City _____ State _____ ZIP Code _____
(Agency Billing Number)
(Other Identification Number)

Your Number: _____ Level of Service: DOJ FBI
OCA Number (Agency Identifying Number)

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 _____ Mail Code (five digit code assigned by DOJ) _____
Street Address or P.O. Box _____
City _____ State _____ ZIP Code _____ Telephone Number (optional) _____

Live Scan Transaction Completed By:
Name of Operator _____ Date _____
Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____