



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AF227		SOMB PROFESS CERT 9003 PC	
ORI (Code assigned by DOJ)		Authorized Applicant Type	
SOMB PROFESS CERT 9003 PC			
Type of License/Certification/Permit <u>OR</u> Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)			
Contributing Agency Information:			
CASBSEX OFFENDER MGT BD		16329	
Agency Authorized to Receive Criminal Record Information		Mail Code (five-digit code assigned by DOJ)	
1515 S ST. RM. 212 NORTH			
Street Address or P.O. Box		Contact Name (mandatory for all school submissions)	
SACRAMENTO	CA	95811	
City	State	ZIP Code	Contact Telephone Number

Applicant Information:

Last Name		First Name		Middle Initial	Suffix
Other Name (AKA or Alias) Last		First			Suffix
Date of Birth	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Driver's License Number	
Height	Weight	Eye Color	Hair Color	Billing Number	152027
Place of Birth (State or Country)		Social Security Number		(Agency Billing Number)	
Home Address Street Address or P.O. Box		Misc. Number		(Other Identification Number)	
		City	State	ZIP Code	

Your Number: _____	Level of Service: <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI
OCA Number (Agency Identifying Number)	

If re-submission, list original ATI number: (Must provide proof of rejection)	Original ATI Number _____
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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