



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0349400

ORI (Code assigned by DOJ)

POST CERTIFICATION (NON-SPONSORED 13511.5 PC)

Authorized Applicant Type

POST CERTIFICATION

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

DOJ/BUREAU OF FIREARMS

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

P.O. BOX 820200

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

SACRAMENTO

City

CA 94203-0200

State ZIP Code

(916) 227-1375

Contact Telephone Number

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

APPLICANT TO PAY FEES

(Agency Billing Number)

Misc.

Number

XX

(Other Identification Number)

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

DOJ

FBI

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

DOJ/BUREAU OF FIREARMS

Employer Name

Mail Code (five digit code assigned by DOJ)

P.O. BOX 820200

Street Address or P.O. Box

SACRAMENTO

City

CA

State

94203-0200

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed