

# REQUEST FOR LIVE SCAN SERVICE

FORM 41-LS Rev. 04/15

## Applicant Submission

ORI: _____		Type of Application: _____	
Code assigned by DOJ			
Job Title or Type of License, Certification or Permit: _____			
Agency Address Set Contributing Agency:			
_____		_____	
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)	
_____		_____	
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)	
_____		_____	
City	State	Zip Code	Contact Telephone No.
_____	_____	_____	_____
<b>*Name of Applicant:</b> _____			
(Please print) Last First MI			
<b>*Alias:</b> _____		<b>*Driver's License No:</b> _____	
Last First			
<b>*Date of Birth:</b> _____		<b>*Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
		<b>Misc. No. BIL -</b> _____	
		Agency Billing Number	
<b>*Height:</b> _____		<b>*Weight:</b> _____	
		<b>Misc. Number:</b> _____	
		<b>*Home Address:</b>	
<b>*Eye Color:</b> _____		<b>*Hair Color:</b> _____	
		Street No. Street or PO Box	
<b>*Place of Birth:</b> _____		_____	
		City, State and Zip Code	
<b>*Social Security Number (full):</b> _____		* Required Fields	
<b>*OCA Number:</b> _____			
(SSN OR ITIN#)			
		Level of Service: <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI	
If resubmission, list Original ATI Number: _____			
<b>SUPPLEMENTAL AGENCY/EMPLOYER</b>			
(County Office of Education/School District)			
Employer Name _____			
Street No.		Street or PO Box	
_____		_____	
		Mail Code (COE/SD five digit code assigned by DOJ)	
		_____	
		( )	
City	State	Zip Code	Agency Telephone No. (optional)
_____	_____	_____	_____
<b>Live Scan Transaction Completed By:</b> _____			
Name of Operator		LSID	Date
_____		_____	_____
Transmitting Agency		ATI No.	Amount Collected/Billed
_____		_____	_____