

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: <u>A1500</u> Type of Application: <u>Process Server</u>	
Job Title or Type of License, Certificate or Permit: <u>Process Server</u>	
Agency Address Set Contributing Agency:	
<u>L.A. County RR/CC</u>	<u>06126</u>
Agency authorized to receive criminal history information	Mail Code (five digit code assigned by DOJ)
<u>12400 E. Imperial Highway, Room 2001</u>	<u>A. Rubalcava</u>
Street No. Street or P.O. Box	Contact Person
<u>Norwalk CA 90650</u>	<u>(562) 462-3034</u>
City State Zip Code	Contact Telephone No.
Name of Applicant: _____	
(please print) Last First MI	
Alias: _____ Driver's License No. _____	
Last First	
Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Misc. No. Bil- Customer to Pay	
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	
SOC: _____	
Your Number: _____ Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI	
OCA No. (Agency Identifying No.)	
If resubmission, list Original ATI No. _____	
Employer: (Additional response for agencies specified by statute)	
Employer Name _____	
Street Name _____ Mail Code (five digit code assigned by DOJ) _____	
City State Zip Code	Agency telephone No. (optional) _____
Live Scan Transaction Completed By: _____ Date: _____	
Name of Operator	
Transmitting Agency _____	ATI No. _____
Amount Collected/Billed _____	

ORIGINAL- Live Scan Operator; SECOND COPY-Requesting Agency; THIRD COPY-Applicant