



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0349400

ORI (Code assigned by DOJ)

POST Certification (non-sponsored 13511.5PC)
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)

PO 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 (Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number (Other Identification 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)

PO Box 820200

Street Address or P.O. Box

Sacramento CA 94203-0200
City State ZIP Code

+1 (916) 227-1375
Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed