



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A1315
ORI (Code assigned by DOJ) _____ Authorized Applicant Type _____

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

Contributing Agency Information:

AUDITOR-CONTROLLER-COUNTYCLERK Agency Authorized to Receive Criminal Record Information		00608 Mail Code (five-digit code assigned by DOJ)
1115 TRUXTUN AVENUE Street Address or P.O. Box		ROSA PADILLA Contact Name (mandatory for all school submissions)
BAKERSFIELD City	CA 93301 State ZIP Code	(661) 868-3596 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 _____	
Place of Birth (State or Country) _____	Social Security Number _____		Billing Number _____ (Agency Billing Number)	
Home Address Street Address or P.O. Box _____	City _____		State _____	ZIP Code _____
			Misc. Number _____ (Other Identification Number)	

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):

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 _____	ATI Number _____
LSID _____	Amount Collected/Billed _____