



REQUEST FOR LIVE SCAN SERVICE

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Applicant Submission

CA0349400

ORI (Code assigned by DOJ)

POST Training Cert- 13511.5

Authorized Applicant Type

POST Training Cert.- 13511.5

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

Contributing Agency Information:

DOJ/Firearms Division

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

4949 Broadway

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Sacramento

City

CA

State

95820

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/Firearms Division

Employer Name

Mail Code (five digit code assigned by DOJ)

4949 Broadway

Street Address or P.O. Box

Sacramento

City

CA

State

95820

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