

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: CA0349400 Type of Application: License
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Post-Certification (non-sponsored) PC 13511.5

Agency Address Set Contributing Agency:

DOJ/FIREARMS DIVISION
Agency authorized to receive criminal history information
4949 BROADWAY
SACRAMENTO CA 95820
(916) 227-3749

Name of Applicant:
Alias:
Date of Birth:
Sex: Male Female
Height:
Weight:
Eye Color:
Hair Color:
Place of Birth:
SOC:

Your Number:
Level of Service [X] DOJ [] FBI
If resubmission, list Original ATI No.

Employer: (Additional response for agencies specified by statute)
DOJ / FIREARMS DIVISION
4949 BROADWAY
SACRAMENTO CA 95820
(916) 227-3749

Live Scan Transaction Completed By:
Date:
Transmitting Agency
ATI No.
Amount Collected/Billed