



# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

**CA0300000**

ORI (Code assigned by DOJ)

**CCW / STANDARD 2 YEAR / INITIAL –**

Type of License/Certificate/Permit OR Working Title (Maximum 30 characters – If assigned by DOJ, use exact title assigned)

## Contributing Agency Information

**ORANGE COUNTY SHERIFF'S DEPARTMENT**

Agency Authorized to Reserve Criminal Record Information

**P.O. Box 449**

Street Address or P.O. Box

**Santa Ana**

City

**CA**

State

**92702**

ZIP Code

**04490**

Mail Code (five-digit code assigned by DOJ)

**CCW Unit**

Contact Name (mandatory for all school submissions)

**(714) 834-7229**

Contact Phone Number

## Applicant Information:

**Last Name**

Other Name

(AKA or Alias Last)

Sex  Male  Female

**Date of Birth**

**Height**

**Weight**

**Eye Color**

**Hair Color**

**Place of Birth (State or Country)**

**Social Security Number**

Home

Address | **Street Address or P.O. Box**

**First Name**

**Middle Initial**

**Suffix**

**First**

**Middle**

**Suffix**

**Driver's License Number**

Billing  
Number

(Agency Billing Number)

Misc.  
Number

(Other Identification Number)

**City**

**State**

**ZIP Code**

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

DOJ

FBI

Firearms

If re-submission, list original ATI number:  
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

**N/A**

Employer Name

Mail Code (five digit code assigned by DOJ)

**N/A**

Mail Code (five digit code assigned by DOJ)

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

ORINGAL – Live Scan Operator

SECOND COPY – Applicant

THIRD COPY (if needed) – Requesting Agency