

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: <u>A1500</u> Type of Application: <u>Process Server</u>	
Job Title or Type of License, Certificate or Permit: <u>Process Server</u>	
Agency Address Set Contributing Agency:	
<u>L.A. County RR/CC</u> Agency authorized to receive criminal history information	<u>06126</u> Mail Code (five digit code assigned by DOJ)
<u>12400 E. Imperial Highway, Room 2001</u> Street No. Street or P.O. Box	<u>A. Rubalcava</u> Contact Person
<u>Norwalk CA 90650</u> City State Zip Code	<u>(562) 462-3034</u> Contact Telephone No.
Name of Applicant: _____ (please print) Last First MI	
Alias: _____ Driver's License No. _____ Last First	
Date of Birth: _____ Sex: <u>Male</u> Female Misc. No. Bil- Customer to Pay Agency Billing Number	
Height: _____ Weight: _____ Misc. No: _____	
Eye Color: _____ Hair Color _____ Home Address _____ Street or P.O. Box	
Place of Birth: _____ City, State, and Zip Code	
SOC: _____	
Your Number: _____ Level of Service <u>DOJ</u> <u>FBI</u> OCA No. (Agency Identifying No.)	
If resubmission, list Original ATI No. _____	
Employer: (Additional response for agencies specified by statute)	
Employer Name _____	
Street Name _____	Mail Code (five digit code assigned by DOJ) _____
City _____ State _____ Zip Code _____	Agency telephone No. (optional) _____
Live Scan Transaction Completed By: _____ Date: _____ Name of Operator	
Transmitting Agency _____	ATI No. _____
Amount Collected/Billed _____	

ORIGINAL- Live Scan Operator; SECOND COPY-Requesting Agency; THIRD COPY-Applicant