

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: CA0340400 Type of Application: ACADEMY NON-AFFILIATE
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: ACADEMY NON-AFFILIATE

Agency Address Set Contributing Agency: SACRAMENTO POLICE DEPARTMENT 03771
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)
5770 FREEPORT BLVD, SUITE 100 RECRUITING UNIT
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)
SACRAMENTO, CA 95822-3516 (916) 808-0880
City State Zip Code Contact Telephone No.

Name of Applicant: Last First MI
(Please print)
Alias: Last First Driver's License No.
Date of Birth: Sex: Male Female Misc. No. Bil - Agency Billing Number
Height: Weight: Mis. 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 [X] DOJ [X] FBI
OCA No. (Agency Identifying No.)
If resubmission, list Original ATI No.

Employer: (Additional response for agencies specified by statute)
(N/A)
Employer Name
Street No. Street or P.O. Box 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
SACRAMENTO POLICE DEPARTMENT
Transmitting Agency ATI No. Amount Collected/Billed