

REQUEST FOR LIVE SCAN SERVICE

ORI (Core energines to DOL) Authorized Applicant Type Type of License/Certification/Permit OE Working Title (standments of newspace)	Applicant Submission		
Contributing Agency Information: Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ) Street Address or P.O. Box Contact Name (mandatory for all school submissions) City State ZIP Code Applicant Information: East Name Middle Initial Contact Name (mandatory for all school submissions) Suffix City State ZIP Code Contact Name First Name Middle Initial Contact Name First Name Middle Initial Cher Name Sex Male Fernale Date of Birth Sex Male Fernale Place of Birth (State or Country) Social Sacurity Number Masc. Number	ORI (Code assigned by DOJ)	Authorized Applicant Type	
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ) Street Address or P.O. Box Contact Name (mandatory for all school submissions) City State ZIP Code Applicant Information: East Lest Name First Name Middle Initial Other Name Maile First Other Name State First Other Name Maile Frent Name Other Name Maile Frent Name Other Name Maile Frent Name Other Name State Suffix Date of Birth State State State Place of Birth State Diver's License Number Milling Number (Approxy Nump Number) Number (Approxy Nump Number) Place of Birth (State or Country) Social Security Number Number (Approxy Nump Number) Your Number:	Type of License/Certification/Permit OR Working Title (Maximum 30 characters -	f assigned by DOJ, use exact title assigned)	
Street Address or P.O. Box Contact Name (mandatory for all school submissions) City State ZIP Code Applicant Information: East Lest Name Pirst Name Middle Initial Other Name Middle Initial Suffix Other Name First Suffix Date of Birth Setk Male Female Priver's Loonse Number Milling Number Height Weight Eye Color Hair Color Place of Birth State JP Code City Place of Birth (State or Country) Social Security Number (Agency Birty Number) Home City State ZIP Code Your Number:	Contributing Agency Information:		
City State ZIP Code Contact Telephone Number Applicant Information:	Agency Authorized to Receive Criminal Record Information	Mail Code (five-digit code assigned by DOJ)	
Applicant Information: Istal Name Middle Initial Suffix Last Name First Name Middle Initial Suffix Other Name First Suffix Suffix Date of Birth Sex Male Female Driver's License Number Height Weight Eye Color Hair Color Billing Number Misc. Place of Birth (State or Country) Social Security Number Misc. (Other Identification Number) Home Address Street Address or P.O. Box City State ZIP Code Your Number: OcA Numeer (Agency Identifying Number) City State ZIP Code Your Number: OcA Numeer (Agency Identifying Number) Original ATI Number DOJ FBI (If the Level of Service Indicates FBI, the Ingerprints will be used to check the criminal history record Information of the FBI) First Name Mail Code (five digit code assigned by DOJ) Employer (AddItional response for agencies specified by statute): Employer Name Mail Code (five digit code assigned by DOJ) Street Address or P.O. Box City State ZIP Code Telephone Number (optional) Live Scan Transaction Completed By: Date	Street Address or P.O. Box	Contact Name (mandatory for all school submissions)	
Last Name First Name Middle Initial Suffix Other Name First Suffix Other Name First Suffix Date of Birth Sex Male Female Driver's License Number Height Veight Eye Color Hair Color Number Misc. Place of Birth (State or Country) Social Security Number Misc. Number Misc. Place of Birth (State or Country) Social Security Number Misc. Number Misc. Place of Birth (State or Country) Social Security Number Misc. Number Misc. Your Number: OCA Number (Agency lidentifying Number) Misc. Number Misc. Your Number: OCA Number (Agency lidentifying Number) City State ZIP Code Your Number: OCA Number (Agency lidentifying Number) Original ATI Number Middle information of the FBI) If re-submission, list original ATI number: Original ATI Number Mail Code (five digit code assigned by DOJ) Street Address or P.O. Box City State ZIP Code Telephone Number (optional) Live Scan Transaction Completed By:	City State ZIP Code	Contact Telephone Number	
Other Name (AKA or Alias) Est First Suffix Date of Birth Sex Male Female Driver's License Number Image: Conserve Co	Applicant Information:		
(AKA or Alias) East Date of Birth Sex Male Female Diffuer Isenth Sex Male Female Diffuer Isenth Sex Height Weight Eye Color Hair Color Number (Arease Stilling Number (Arease Stilling Number) Place of Birth (State or Country) Social Security Number Number (Arease Street Address or P.O. Box City Code Number (Agency Identifying Number) Ord Number: OCA Number (Agency Identifying Number) City State ZIP Code Telephone Number Image of Operator Date Date Date	Last Name	First Name	Middle Initial Suffix
Date of Bith Eye Color Hair Color Height Weight Eye Color Place of Bith (State or Country) Social Security Number Misc. Number		First	Suffix
Height Weight Eye Color Hair Color Number (gency Billing Number) Place of Birth (State or Country) Social Security Number Misc.	Date of Birth Sex Male Female	Driver's License Number	
Place of Birth (State or Country) Social Security Number Number Home Address Street Address or P.O. Box City State ZIP Code Your Number:	Height Weight Eye Color Hair Color	Number	
Home Address Street Address or P.O. Box City State ZIP Code Your Number:	Place of Birth (State or Country) Social Security Number	Misc. Number	
OCA Number (Agency Identifying Number) (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI) If re-submission, list original ATI number: Original ATI Number (Must provide proof of rejection) Original ATI Number Employer (Additional response for agencies specified by statute): Image: Code (five digit code assigned by DOJ) Street Address or P.O. Box Telephone Number (optional) Live Scan Transaction Completed By: Date Name of Operator Date		City	State ZIP Code
(Must provide proof of rejection) Original ATT Number Employer (Additional response for agencies specified by statute): Image: Constraint of the statute of the		(If the Level of Service indicates FBI, the fingerprints will be used to check the	
Employer Name Mail Code (five digit code assigned by DOJ) Street Address or P.O. Box Telephone Number (optional) City State State ZIP Code Telephone Number (optional) Live Scan Transaction Completed By: Name of Operator Date		Original ATI Number	
Street Address or P.O. Box City State ZIP Code Telephone Number (optional) Live Scan Transaction Completed By: Name of Operator Date	Employer (Additional response for agencies specified by statute):		
City State ZIP Code Telephone Number (optional) Live Scan Transaction Completed By: Name of Operator Date	Employer Name	Mail Code (five digit code assigned by DOJ)	
Live Scan Transaction Completed By: Name of Operator Date	Street Address or P.O. Box		
Name of Operator Date	City State ZIP Code	Telephone Number (optional)	
	Live Scan Transaction Completed By:		
Transmitting Agency LSID ATI Number Amount Collected/Billed	Name of Operator	Date	
	Transmitting Agency LSID	ATI Number	Amount Collected/Billed



Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at http://oag.ca.gov/privacy-policy.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice Bureau of Criminal Information & Analysis Keeper of Records P.O. Box 903417 Sacramento, CA 94203-4170