



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0431300 _____
ORI (Code assigned by DOJ)

LICENSE, CERTIFICATE, PERMIT _____
Authorized Applicant Type

PEDDLER PERMIT _____
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

SAN JOSE POLICE DEPARTMENT _____
Agency Authorized to Receive Criminal Record Information

04144 _____
Mail Code (five-digit code assigned by DOJ)

201 W MISSION STREET _____
Street Address or P.O. Box

SJPD - PERMITS UNIT _____
Contact Name (mandatory for all school submissions)

SAN JOSE _____ CA 95110 _____
City State ZIP Code

4082774452 _____
Contact Telephone Number

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name: (AKA or Alias) _____

Last Name _____ First Name _____ Suffix _____

Sex Male Female

Date of Birth _____ Driver's License Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Billing Number _____
(Agency Billing Number)

Misc. Number _____
(Other Identification Number)

Place of Birth (State or Country) _____ Social Security Number _____

Home Address _____ City _____ State ZIP Code _____
Street Address or P.O. Box

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

_____ Applicant Signature _____ Date

Your Number: 1520N _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

(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: _____
(Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name _____

Street Address or P.O. Box _____ Telephone Number (optional) _____

City _____ State ZIP Code _____ Mail Code (five digit code assigned by DOJ) _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____