



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0349400

ORI (Code assigned by DOJ)

POST CERTIFICATION (NON-SPONSORED 13511.5 PC)

Authorized Applicant Type

POST CERTIFICATION

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

Contributing Agency Information:

DOJ/BUREAU OF FIREARMS

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

P.O. BOX 820200

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

SACRAMENTO

City

CA 94203-0200

State ZIP Code

(916) 227-1375

Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number (Other Identification Number)

Home Address **AHC Law Enforcement Training, One Hancock Drive**
Street Address or P.O. Box

Lompoc CA 93436
City State ZIP Code

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

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

Original ATI Number _____

Employer (Additional response for agencies specified by statute):

DOJ/BUREAU OF FIREARMS

Employer Name

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Mail Code (five digit code assigned by DOJ)

P.O. BOX 820200

Street Address or P.O. Box

SACRAMENTO

City

CA 94203-0200

State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed