

# REQUEST FOR LIVE SCAN SERVICE

FORM 41-LS Rev. 04/15

## Applicant Submission

ORI: _____		Type of Application: _____	
Code assigned by DOJ			
Job Title or Type of License, Certification or Permit: _____			
Agency Address Set Contributing Agency:			
_____		_____	
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)	
_____		_____	
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)	
_____		_____	
City	State	Zip Code	Contact Telephone No.
_____	_____	_____	_____
*Name of Applicant: _____			
(Please print)		_____	_____
Last		First	MI
*Alias: _____		*Driver's License No: _____	
Last		First	
*Date of Birth: _____		*Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
_____		Misc. No. BIL - _____	
_____		Agency Billing Number	
*Height: _____		*Weight: _____	
_____		_____	
*Eye Color: _____		*Hair Color: _____	
_____		_____	
_____		Street No. Street or PO Box	
*Place of Birth: _____		_____	
_____		City, State and Zip Code	
*Social Security Number (full): _____		* Required Fields	
_____		_____	
*OCA Number: _____		Level of Service: <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI	
(SSN OR ITIN#)		_____	
If resubmission, list Original ATI		_____	
Number: _____		_____	
SUPPLEMENTAL AGENCY/EMPLOYER			
(County Office of Education/School District)			
Employer Name			
_____			
Street No.		Street or PO Box	
_____		_____	
City		State	
_____		_____	
Zip Code		Mail Code (COE/SD five digit code assigned by DOJ)	
_____		_____	
_____		( )	
_____		Agency Telephone No. (optional)	
_____		_____	
Live Scan Transaction Completed By: _____			
Name of Operator		LSID	Date
_____		_____	_____
Transmitting Agency		ATI No.	Amount Collected/Billed
_____		_____	_____