

REQUEST FOR LIVE SCAN SERVICE

FORM 41-LS Rev. 05/12

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: Last | | First | Driver's License No: _____ |
| _____ | | _____ | _____ |
| Date of Birth: _____ | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Misc. No. BIL - _____ |
| _____ | | _____ | Agency Billing Number |
| Height: _____ | | Weight: _____ | Misc. Number: _____ |
| _____ | | _____ | _____ |
| Eye Color: _____ | | Hair Color: _____ | Home Address: _____ |
| _____ | | _____ | _____ |
| Place of Birth: _____ | | Street No. | Street or PO Box |
| _____ | | _____ | _____ |
| Social Security Number: _____ | | City, State and Zip Code | |
| _____ | | _____ | |
| Your Number: _____ | | | |
| OCA No. (Applicant Social Security No.) | | Level of Service: <input type="checkbox"/> DOJ <input type="checkbox"/> FBI | |
| _____ | | _____ | |
| If resubmission, list Original ATI Number: _____ | | | |
| _____ | | | |
| Employer: (Additional response for agencies specified by statute) | | | |
| _____ | | | |
| Employer Name | | | |
| _____ | | | |
| Street No. | | Street or PO Box | |
| _____ | | _____ | |
| City | | State | |
| _____ | | _____ | |
| Zip Code | | Mail Code (five digit code assigned by DOJ) | |
| _____ | | _____ | |
| _____ | | () | |
| _____ | | Agency Telephone No. (optional) | |
| _____ | | _____ | |
| Live Scan Transaction Completed By: _____ | | | |
| Name of Operator | | Date | |
| _____ | | _____ | |
| Transmitting Agency | | ATI No. | |
| _____ | | _____ | |
| _____ | | Amount Collected/Billed | |
| _____ | | _____ | |