



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0543

ORI (Code assigned by DOJ)

City or County Employee

Authorized Applicant Type

Job Code: _____ **Job Title:** _____

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

Contributing Agency Information:

City and County of San Francisco Dept. of Human Resources

Agency Authorized to Receive Criminal Record Information

00233

Mail Code (five-digit code assigned by DOJ)

One South Van Ness Avenue, 4th Floor

Street Address or P.O. Box

Anastasia Britt

Contact Name (mandatory for all school submissions)

San Francisco

City

CA

State

94103

ZIP Code

(415) 557-4800

Contact Telephone Number

Applicant Information:

Last Name

Other Name

(AKA or Alias) Last

Date of Birth

Sex

Male

Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address

Street Address or P.O. Box

Citizenship

First Name

Middle Initial Suffix

First Name

Middle Initial Suffix

Driver's License Number

Billing

Number

120038

(Agency Billing Number)

Email Address

Phone Number

City

State

ZIP Code

CURRENT EMPLOYEE

DSW # (if known)

DEPARTMENT NUMBER

APPOINTMENT TYPE

If re-submission, list original ATI number:

(Must provide proof of rejection)

R2

Level of Service:

DOJ

FBI

Original ATI Number

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

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

CACC San Francisco

ACC \$49

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed