



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ) _____ Authorized Applicant Type _____

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

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ) _____

Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions) _____

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

Your Number: _____ Level of Service: DOJ FBI
OCA Number (Agency Identifying Number)

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

Street Address or P.O. Box _____

City _____ State _____ ZIP Code _____ Telephone Number (optional) _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

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



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Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information: The Division of Law Enforcement, Bureau of Firearms in the Department of Justice collects the information on this request pursuant to Penal Code section 13511. The Bureau of Firearms uses this information to conduct criminal background checks on applicants for specified POST training. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The Department of Justice's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information: All personal information on this request is mandatory. Failure to provide the mandatory personal information will result in your request not being processed.

Access to Your Information: You may review the records maintained by the Division of Law Enforcement, Bureau of Firearms in the Department of Justice that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information: In order to conduct criminal background checks on applicants for specified POST training, we may need to share the information you provide us with any Bureau of Firearms representative or any other person designated by the Attorney General upon request. The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies when necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations, licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

Contact Information: For questions about this notice or access to your records, you may contact the Staff Services Analyst in the Customer Support Center at (916) 210-2300, via email at firearms.bureau@doj.ca.gov, or by mail at P.O. Box 820200, Sacramento, CA 94203-0200.