

## **REQUEST FOR LIVE SCAN SERVICE**

(Secondhand Dealer/Pawnbroker)

Applicant Submission		
ORI (Code assigned by DOJ)	_	
Secondhand Dealer Pawnbroker		
Type of Application (Check One Only)	_	
December Application	_	
Reason for Application		
Contributing Agency Information:		
Agency Authorized to Receive Criminal Record Information	Mail Code (five-digit code assigned by D	OJ)
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	
	Billing	
Height Weight Eye Color Hair Color	Number (Agency Billing Number)	
Place of Birth (State or Country) Social Security Number	Misc.	
Social Security Number	Number(Other Identification Number)	
	_	
Street Address or P.O. Box	City	State ZIP Code
Level of Service: DOJ		
If re-submission, list original ATI number:		
(Must provide proof of rejection) Original ATI Num	nber	
Live Scan Transaction Completed By:		
Name of Operator	Date	
Transmitting Agency LSID	ATI Number	Amount Collected/Billed