



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A5005
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:

Albany Unified School District Agency Authorized to Receive Criminal Record Information	03748 Mail Code (five-digit code assigned by DOJ)
1051 Monroe St. Street Address or P.O. Box	Cynthia Attiyeh Contact Name (mandatory for all school submissions)
Albany City	558-3757 Contact Telephone Number
CA 94706 State ZIP Code	

Applicant Information:

Last Name _____	First Name _____	Middle Initial _____	Suffix _____
Other Name (AKA or Alias) Last _____	First _____		Suffix _____
Date of Birth _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License Number _____	
Height _____	Weight _____	Billing Number 110293 (Agency Billing Number)	
Eye Color _____	Hair Color _____	Misc. Number _____ (Other Identification Number)	
Place of Birth (State or Country) _____	Social Security Number _____		
Home Address Street Address or P.O. Box _____	City _____	State _____	ZIP Code _____

Your Number: 110293
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

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 _____