



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A6493

ORI (Code assigned by DOJ)

Type of Application: ☒ Record Review 11123 PC

INDIGENT REQUEST

Reason for Application

Contributing Agency Information:

DOJ Record Review N/F

Agency Authorized to Receive Criminal Record Information

P.O. BOX 160207

Street Address or P.O. Box

SACRAMENTO

City

CA 95816-0207

State ZIP Code

00000

Mail Code (five-digit code assigned by DOJ)

RECORD REVIEW UNIT

Contact Name (mandatory for all school submissions)

(916) 227-3835

Contact Telephone Number

Applicant Information:

Smith

Last Name

Other Name

(AKA or Alias) Last

01/01/1999

Date of Birth

Sex ☒ Male ☐ Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

123 Main Street

Street Address or P.O. Box

Social Security Number

John

First Name

Middle Initial Suffix

First

Suffix

Driver's License Number

188888

Misc. Number (Other Identification Number)

(555) 555-5555

Telephone Number

Alameda

City

CA 90000

State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Mandatory - Enter in OCA# number field

Your Assigned Number: ARMCTYWU

Level of Service: ☒ DOJ Only

Designee: Enter in the Employer fields

THE ACCESS PROJECT

Designee Name

1440 Broadway Ste 607

Street Address or P.O. Box

Oakland

City

CA

State

USA

Country

94612

ZIP Code

(415) 218-4515

Telephone Number

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed