



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 Ave. 4th Floor
Street Address or P.O. Box

Janina Villanueva

Contact Name (mandatory for all school submissions)

San Francisco CA 94103
City State ZIP Code

(415) 557-4800
Contact Telephone Number

Applicant Information:

Last Name

Other Name _____
(AKA or Alias) Last

First Name _____ **Middle Initial** _____ **Suffix** _____

First Name _____ Middle Initial _____ Suffix _____

Date of Birth _____ **Sex** Male Female

Driver's License Number _____

Height _____ **Weight** _____ **Eye Color** _____ **Hair Color** _____

Billing Number 120038
(Agency Billing Number)

Place of Birth (State or Country) _____ **Social Security Number** _____

Email Address _____ **Phone Number** _____

Home Address _____
Street Address or P.O. Box

City _____ **State** _____ **ZIP Code** _____

Citizenship _____

CURRENT EMPLOYEE

DEPARTMENT NUMBER

Level of Service: DOJ FBI

APPOINTMENT TYPE

If re-submission, list original ATI number: R2
(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 _____

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 _____