



REQUEST FOR LIVE SCAN SERVICE (Record Review or Foreign Adoption)

Applicant Submission

CA0349435

Type of Application (Check One Only)

Record Review

Foreign Adoption

ORI (Code assigned by DOJ)

Reason for Application

Contributing Agency Information:

DEPARTMENT OF JUSTICE

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

07041

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:

Last Name

Other Name

(AKA or Alias)

Last

First Name

Middle Initial

Suffix

First

Suffix

Date of Birth

Sex

Male

Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Misc. Number (Other Identification Number)

Place of Birth (State or Country)

Social Security Number

Telephone Number

Street Address or P.O. Box

City

State

ZIP Code

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

Applicant Signature

Date

Level of Service: DOJ Only

If re-submission, list original ATI number (Must provide proof of rejection):

Original ATI Number

Foreign Government Embassy: (Mandatory for Foreign Adoption requests pursuant to Penal Code section 11105(c)(12))

Designee -- Do not include Employer: (Optional for individual designated by applicant pursuant to Penal Code section 11124)

Designee or Embassy Name

Street Address or P.O. Box

City

State

Country

ZIP Code

Telephone Number

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed