

REQUEST FOR LIVE SCAN SERVICE

ORI: CA0349435

Type of Application: (check one) Record Review

DOJ Visa/Immigration Clearance Letter

(Visa/Immigration, Letter of Good Conduct, Police Clearance Letter, Foreign Adoption)

(Job Title)
Reason for Application: _____

Agency Address Set Contributing Agency:

California Department of Justice
Record Review Unit
P.O. Box 903417
Sacramento, CA 94203-4170

Mail Code: 07041

Contact Name: Record Review Unit
Contact Telephone No. (916) 227-3832

Name of Applicant: _____
(Please print) Last First MI

AKA's: _____
Last First

Date of Birth: _____ SEX: Male Female Billing No. N/A

HT: _____ WT: _____ Applicant's Address:

EYE Color: _____ HAIR Color: _____
Street or P.O. Box

Place of Birth: _____
(State or Foreign Country) City, State and Zip Code

Social Security Number: _____

California Driver's License No. _____
Daytime Telephone Number

Level of Service DOJ Only If Resubmission, list Original ATI No. _____

MAILING ADDRESS

(Employer Address)

Please list you mailing address from above, or if you wish this record forwarded to someone other than yourself, or if you wish this record mailed to an address different from the one listed above, complete the following:

Name: _____ Title

Address: _____
Number Street Apt or Suite No.

City State Zip Code

Live Scan Transaction Completed by: _____ Date: _____
Name of Operator

Transmitting Agency: _____ Terminal ID: _____ Amount Collected: _____

ATI Number: _____

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