



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0191800 ORI (Code assigned by DOJ)	CANABISLC11105(B)(11)PC Authorized Applicant Type
CPC11105(b)(11)RES2018-R005 Type of License/Certification/Permit <u>OR</u> Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)	

Contributing Agency Information:

Culver City Police Department Agency Authorized to Receive Criminal Record Information 4040 Duquesne AVE Street Address or P.O. Box Culver City CA 90232 City State ZIP Code	05075 Mail Code (five-digit code assigned by DOJ) Lt. Manuel Cid Contact Name (mandatory for all school submissions) (310) 253-6208 Contact Telephone Number
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Applicant Information:

Last Name _____ Other Name (AKA or Alias) Last _____ Date of Birth _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Height _____ Weight _____ Eye Color _____ Hair Color _____ Place of Birth (State or Country) _____ Social Security Number _____ Home Address Street Address or P.O. Box _____	First Name _____ Middle _____ Initial _____ Suffix _____ First _____ Suffix _____ Driver's License Number _____ Billing Number _____ <small>(Agency Billing Number)</small> Misc. Number _____ <small>(Other Identification Number)</small> City _____ State _____ ZIP Code _____
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Your Number: _____
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 _____ Street Address or P.O. Box _____ City _____ State _____ ZIP Code _____	Mail Code (five digit code assigned by DOJ) _____ Telephone Number (optional) _____
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Live Scan Transaction Completed By:

Name of Operator _____ Transmitting Agency _____ LSID _____	Date _____ ATI Number _____ Amount Collected/Billed _____
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