



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 Avenue, 4th Floor

Street Address or P.O. Box

Nathaniel Cleveland

Contact Name (mandatory for all school submissions)

San Francisco

City

CA

State

94103

ZIP Code

(415) 557-4800

Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

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