



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

ORI (Code assigned by DOJ) \_\_\_\_\_ Authorized Applicant Type \_\_\_\_\_

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) \_\_\_\_\_

### Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_ Contact Name (mandatory for all school submissions) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Contact Telephone Number \_\_\_\_\_

### Applicant Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_

Other Name (AKA or Alias) Last \_\_\_\_\_ First \_\_\_\_\_ Suffix \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex  Male  Female \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Billing Number \_\_\_\_\_  
(Agency Billing Number)

Place of Birth (State or Country) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Misc. Number \_\_\_\_\_  
(Other Identification Number)

Home Address Street Address or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

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 \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Telephone Number (optional) \_\_\_\_\_

### Live Scan Transaction Completed By:

Name of Operator \_\_\_\_\_ Date \_\_\_\_\_

Transmitting Agency \_\_\_\_\_ LSID \_\_\_\_\_ ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

**GUIDELINES FOR COMPLETING  
“REQUEST FOR LIVE SCAN SERVICE FORM”**

FIELD	COMMENT
<b>ORI (Originating Agency Identifier):</b>	This is a number assigned by DOJ to identify authorized users. Each agency must have an assigned ORI prior to submitting fingerprints.
<b>TYPE OF APPLICATION:</b>	Example: Peace Officer, State Employee, Employment, License, Permit, etc. The application type determines the dissemination criteria used in preparing the response, and each authorized agency has specific application type(s) it is permitted to use. Since agencies may have more than one authorized application type, it is important this field be filled out correctly.
<b>JOB TITLE OR TYPE OF LICENSE, CERTIFICATION OR PERMIT:</b>	Example: Petition for Adoption, Emergency Child Placement, Foster Family Home, Volunteer, etc. This is a free-form field where the agency can include the specific job title, license, certificate or permit being requested. If the Application Type and Title conflict (e.g., Foster Family License applicant type, and Petition for Adoption application title) the transaction may be rejected.
<b>AGENCY ADDRESS SET CONTRIBUTING AGENCY:</b>	Please print or attach a pre-printed label containing the name and address label of the authorized applicant agency requesting the fingerprint check. Those agencies authorized to use generic ORIs must ensure that the agency name in this field is identical to the name used when the ORI was authorized, otherwise the transaction may be rejected.
<b>MAIL CODE:</b>	This is a unique number assigned by the Department of Justice to those agencies which have requested responses by electronic mail or fax. If this code is not entered, the response may be printed out and mailed instead of sent electronically. An incorrect code will cause the response to be sent to the wrong agency.
<b>CONTACT NAME:</b>	Enter the person’s name at the agency who is authorized to receive the response. <b>THIS IS MANDATORY FOR APPLICANTS REQUIRING A CHILD ABUSE INDEX CHECK</b>
<b>CONTACT TELEPHONE NUMBER:</b>	Enter the phone number for the Contact Person. <b>THIS IS MANDATORY FOR APPLICANTS REQUIRING A CHILD ABUSE INDEX CHECK</b>
<b>NAME OF APPLICANT &amp; PERSONAL DESCRIPTORS:</b>	Enter the requested information.
<b>MISC NO. BIL (Billing Number):</b>	If the agency has been assigned a billing number by the Department of Justice, that number should be recorded here. If the agency does not have a billing number, the applicant should be prepared to pay all fees associated with the transaction directly to the Live Scan operator.
<b>HOME ADDRESS:</b>	The applicant’s home address is mandatory for applicants requiring a Child Abuse Index check and where statute requires a notification to the applicant as well as the agency.
<b>YOUR NUMBER:</b>	Some agencies assign a unique number to each applicant. A field is provided for this number for the agency’s convenience to help match the response to the correct applicant (this can be helpful if you have applicants with similar names).
<b>LEVEL OF SERVICE:</b>	Please check the appropriate box(es). Please note that your agency must be authorized by statute to receive the information requested. In addition, the APPLICANT TYPE will dictate the level(s) of service permitted. In those situations where the FBI level of service is permitted, you must check the FBI box or you will not receive a response from the FBI.
<b>ORIGINAL ATI (Applicant Transaction Identifier) NO.:</b>	<b>FOR RE-SUBMISSIONS ONLY.</b> The ATI is recorded on the last line of the Live Scan Request form by the Live Scan operator when the transaction is completed. If the applicant’s fingerprints were previously rejected and are now being re-submitted, the ATI from the ORIGINAL Live Scan Request form must be included or the agency will be charged again for the transaction.
<b>EMPLOYER:</b>	This field is required to be completed if a response is required to be sent to the employer in addition to, or instead of, the submitting agency, (i.e., a facility licensed by the Department of Social Services).