

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A-1687 Type of Application: City Employee
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: Cert Volunteer

Agency Address Set Contributing Agency:
City of Solana Beach 08266
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)
635 S. Hwy 101 David Kloz
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)
Solana Beach, CA 92075 (858) 720-2451
City State Zip Code Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI
Alias: _____ Driver's License No. _____
Last First
Date of Birth: _____ Sex: Male Female Misc. No. BIL - 144956
Agency Billing Number
Height: _____ Weight: _____ Misc. No.: _____
Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box
Place of Birth: _____
City, State and Zip Code
SOC: _____

Your Number: _____ Level of Service DOJ FBI
OCA No. (Agency Identifying No.)
If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)
City of Solana Beach
Employer Name
635 S. Hwy 101 08266
Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)
Solana Beach, CA 92075 (858) 720-2451
City State Zip Code Agency Telephone No. (optional)

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

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____