

REQUEST FOR LIVE SCAN
Applicant Submission

ORI: **CA0010900**
Code assigned by DOJ

TYPE OF APPLICATION: **PERMIT**

Job Title or Type of License, Certificate or Permit: _____

Agency Address Set Contributing Agency:

OAKLAND POLICE DEPARTMENT

Agency authorized to receive criminal history information

04764

Mail Code (five digit code assigned by DOJ)

455 7th Street

Address or P.O. Box

Sgt. Ann Pierce

Contact Name (Mandatory for all submissions)

OAKLAND, CA 94607

City, State, Zip

(510) 238-2189

Contact Number

NAME OF APPLICANT: _____
(Please Print) Last Name First Name Middle Initial

ALIAS: _____ DRIVER'S LICENSE # _____
Last Name First Name

DATE OF BIRTH: _____ SEX: Male Female Misc. No. BIL – **120181**

HEIGHT: _____ WEIGHT: _____ Misc. No: **N/A**

EYE COLOR: _____ HAIR COLOR: _____ HOME ADDRESS: _____
Street Address or P.O. Box

PLACE OF BIRTH: _____
City, State, Zip

SOCIAL SECURITY NUMBER: _____

YOUR NUMBER: _____ LEVEL OF SERVICE DOJ FBI
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI Number; _____

EMPLOYER: (Additional responses for agencies specified by statute)

Employer Name

Street Address or P.O. Box

Mail Code (five digit code assigned by DOJ): **N/A**

City, State, Zip

Agency Phone: _____
(optional)

LIVE SCAN TRANSMISSION COMPLETED BY: _____ Date: _____
Name of Operator

Transmitting Agency

ATI No.

Amount Collected/Billed