

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0594 Type of Application: Peace Officer-Fire Arms
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Police Officer/Auxiliary

Agency Address Set Contributing Agency:
Contra Costa Community College District **02154**
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)
500 Court Street - 4th Floor **Denise Killings**
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)
Martinez **CA** **94553** (**925**) **229-1000, ext 1208**
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 - **144392**
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)

Employer Name _____

Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)

City State Zip Code () Agency Telephone No. (optional)

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

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