



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

CA0370800

ORI (Code assigned by DOJ)

CPC11105b11-ResNo2017001

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

CBL PER 11105(B)(11)PC

Authorized Applicant Type

#### Contributing Agency Information:

La Mesa Police Department

Agency Authorized to Receive Criminal Record Information

8085 University Avenue

Street Address or P.O. Box

La Mesa

City

CA 91942

State ZIP Code

04021

Mail Code (five-digit code assigned by DOJ)

Sergeant M. Gay

Contact Name (mandatory for all school submissions)

(619) 667-7555

Contact Telephone Number

#### Applicant Information:

Last Name

Other Name

(AKA or Alias) Last

Date of Birth

Sex  Male  Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address or P.O. Box

First Name

Middle Initial

Suffix

First

Suffix

Driver's License Number

Billing Number

(Agency Billing Number)

Misc. Number

(Other Identification Number)

City

State

Address Street

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

Street Address or P.O. Box

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed