



## REQUEST FOR LIVE SCAN SERVICE (Secondhand Dealer/Pawnbroker)

### Applicant Submission

ORI (Code assigned by DOJ) _____ <input type="checkbox"/> Secondhand Dealer <input type="checkbox"/> Pawnbroker Type of License/Certification/Permit <u>OR</u> Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) _____	Authorized Applicant Type _____
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### 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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License Number _____		
Height _____ Weight _____ Eye Color _____ Hair Color _____	Billing Number _____ <small>(Agency Billing Number)</small>		
Place of Birth (State or Country) _____ Social Security Number _____	Misc. Number _____ <small>(Other Identification Number)</small>		
Home Address Street Address or P.O. Box _____	City _____ State _____ ZIP Code _____		

Your Number: \_\_\_\_\_  
OCA Number (Agency Identifying Number)

Level of Service:  DOJ

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 _____