

REQUEST FOR LIVE SCAN SERVICE (Secondhand Dealer/Pawnbroker)

Applic	ant Sub	mission
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ORI (Code assigned by DOJ)	—		
Secondhand Dealer Pawnbroker			
Type of Application (Check One Only)	_		
Reason for Application	_		
Contributing Agency Information:			
Agency Authorized to Receive Criminal Record Information	Mail Code (five-digit code assigned by DO	J)	
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 Male Female	Driver's License Number		
Height Weight Eye Color Hair Color	_ Billing Number (Agency Billing Number)		
Place of Birth (State or Country) Social Security Number	_ Misc. Number		
Street Address or P.O. Box	City	State ZIP Code	
Level of Service: DOJ			
If re-submission, list original ATI number: (Must provide proof of rejection) Original ATI Numl	ber		
Live Scan Transaction Completed By:			
Name of Operator	Date		
Transmitting Agency LSID	ATI Number Ar	nount Collected/Billed	