



### REQUEST FOR LIVE SCAN SERVICE

Print Form

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#### Applicant Submission

CA0130600  
ORI (Code assigned by DOJ)

CPC11105(b)(11)RES2018-06  
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

CANABISLC11105(B)(11)PC or COMMARIJCULT11105B11PC **(Authorized App type here)**  
Authorized Applicant Type



#### Contributing Agency Information:

City of Imperial Police Department 01042  
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)

424 S Imperial Avenue Damon Harmon  
Street Address or P.O. Box Contact Name (mandatory for all school submissions)

Imperial CA 92251 (760) 355-4328  
City State ZIP Code Contact Telephone Number

#### Applicant Information:

Last Name First Name Middle Initial Suffix  
Other Name First Suffix  
(AKA or Alias) Last

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 (Other Identification Number)

Home Address Street Address or P.O. Box City State ZIP Code

\_\_\_\_\_  
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): **COMPLETE ONLY DUAL RESPONSES- N/A FOR MOST AGENCIES**

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: **LIVE SCAN FACILITY**

Name of Operator Date  
Transmitting Agency LSID ATI Number Amount Collected/Billed

ORIGINAL - Live Scan Operator

SECOND COPY - Applicant

THIRD COPY (if needed) - Requesting Agency