



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0440000 STANDARD CCW
ORI (Code assigned by DOJ) Authorized Applicant Type

CCW-STANDARD 2 YEAR-INITIAL
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

SANTA CRUZ COUNTY SHERIFF 03403
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)

5200 SOQUEL AVE SGT. SOCORRO LUNA
Street Address or P.O. Box Contact Name (mandatory for all school submissions)

SANTA CRUZ CA 95062 (831) 454-7616
City State ZIP Code Contact Telephone Number

Applicant Information:

Last Name First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name First Name Suffix

Sex Male Female

Date of Birth 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

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: Original ATI Number
(Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box Telephone Number (optional)

City State ZIP Code Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed