



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

**A1494**

ORI (Code assigned by DOJ)

**PROCESS SERVER**

Authorized Applicant Type

**PROCESS SERVER**

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

#### Contributing Agency Information:

**SAN DIEGO COUNTY RECORDER/CLERK**

Agency Authorized to Receive Criminal Record Information

**P.O. BOX 121750**

Street Address or P.O. Box

**SAN DIEGO**

City

**CA**

State

**92112-1750**

ZIP Code

**00291**

Mail Code (five-digit code assigned by DOJ)

**DENISSE LEVY**

Contact Name (mandatory for all school submissions)

**(619) 531-5089**

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

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number: **PROCESS SERVER #**

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

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