



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0431300 ORI (Code assigned by DOJ)	LICENSE, CERTIFICATE, PERMIT Authorized Applicant Type
BINGO PERMIT Type of License/Certification/Permit <u>OR</u> Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)	

Contributing Agency Information:

SAN JOSE POLICE DEPARTMENT Agency Authorized to Receive Criminal Record Information	04144 Mail Code (five-digit code assigned by DOJ)
201 W. MISSION ST Street Address or P.O. Box	SJPD - PERMITS Contact Name (mandatory for all school submissions)
SAN JOSE City	(408) 277-4452 Contact Telephone Number
CA State	95110 ZIP Code

Applicant Information:

Last Name	First Name	Middle Initial	Suffix
Other Name: (AKA or Alias)			
Last Name	First Name	Suffix	
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License Number	
Height	Weight	Eye Color	Hair Color
Place of Birth (State or Country)	Social Security Number		
Home Address	Billing Number (Agency Billing Number)		
Street Address or P.O. Box	Misc. Number (Other Identification Number)		
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: BINGO - 3767 OCA Number (Agency Identifying Number)	Level of Service: <input checked="" type="checkbox"/> DOJ <input type="checkbox"/> FBI (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)
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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 _____

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	Amount Collected/Billed
LSID	ATI Number