



REQUEST FOR LIVE SCAN SERVICE

[Print Form](#)

[Reset Form](#)

Applicant Submission

CA0560800
ORI (Code assigned by DOJ)

LICENSE OR PERMIT
Authorized Applicant Type

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

Contributing Agency Information:

VENTURA POLICE DEPARTMENT
Agency Authorized to Receive Criminal Record Information

04325
Mail Code (five-digit code assigned by DOJ)

1425 DOWELL DRIVE
Street Address or P.O. Box

LAURA PERRY
Contact Name (mandatory for all school submissions)

VENTURA CA 93003
City State ZIP Code

8053394392
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: 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



VENTURA POLICE DEPARTMENT

1425 Dowell Drive, Ventura, Ca 93003-7361

www.venturapd.org

PERMIT APPLICATION

TYPE OF ACCOUNT:

- NEW
- RENEWAL

TYPE OF REGISTRATION:

- SOLICITOR
- SECOND HAND DEALER
- CARD CLUB
- SECURITY PATROL
- TAXI DRIVER
- MASSAGE TECHNICIAN
- OTHER _____

APPLICANT # _____

NAME	LAST	FIRST	MIDDLE	HOME PHONE	
AKA(S)					
HOME ADDRESS		STREET		CITY	STATE
MAILING ADDRESS (IF DIFFERENT)					
BIRTHPLACE		STATE	COUNTRY		U.S. CITIZEN
					<input type="checkbox"/> YES <input type="checkbox"/> NO
BIRTHDATE	AGE	SEX	RACE	HGT	WGT
					HAIR
DRIVERS LICENSE NUMBER			STATE	SOCIAL SECURITY NUMBER	

HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH A CRIMINAL OFFENSE? (INCLUDING MISDEMEANOR CITATIONS, ANY EXPUNGED CONVICTIONS AS WELL, PER 19859 B&P.) YES NO **IF YES, ANSWER THE FOLLOWING (USE BACK OF FORM IF NECESSARY)**

1. DATE OF ARREST	ARRESTING AGENCY	CHARGE(S)
DISPOSITION		
2. DATE OF ARREST	ARRESTING AGENCY	CHARGE(S)
DISPOSITION		
3. DATE OF ARREST	ARRESTING AGENCY	CHARGE(S)
DISPOSITION		

NAME OF BUSINESS				EMPLOYER'S NAME	
BUSINESS ADDRESS		STREET	CITY	STATE	ZIP
					BUS. PHONE
TYPE OF BUSINESS			PRODUCT/SERVICE		

I hereby certify that the information above is true and correct to the best of my knowledge. I am aware that if any of the above statements are false it will be justification for denial of this permit or license.

SIGNATURE OF APPLICANT _____

DATE _____

OFFICE USE ONLY

FEE PAID \$ _____

- LIVE SCAN
- FINGERPRINTS
- PHOTOS

 APPROVED DENIED

DATE _____

PROCESSED BY: _____

SIGNATURE _____

