



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

CA0560800 ORI (Code assigned by DOJ)	PERMIT Authorized Applicant Type
ADULT BUSINESS PERFORMER 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	ANA MATOSIAN Contact Name (mandatory for all school submissions)
VENTURA CA 93003 City State ZIP Code	(805) 339-4415 Contact Telephone Number

#### Applicant Information:

Last Name	First Name	Middle Initial	Suffix
Other Name (AKA or Alias) Last	First		Suffix
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
Height	Weight	Eye Color	Hair Color
Place of Birth (State or Country)	Social Security Number		
Home Address Street Address or P.O. Box	Driver's License Number		
	Billing Number (Agency Billing Number)		
	Misc. Number (Other Identification Number)		
	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