REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

Standard CCW Permit 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's Office 03403 Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ) 5200 Soquel Avenue Sgt. Brian Cleveland Street Address or P.O. Box CA 95062 Santa Cruz CA 95062 City State 2IP Code Applicant Information: First Name Middle Initial Uther Name Middle Initial Suffix	CA0440000		Standard CCW Permeit		
Type of License/Certification/Permit OR Working Title (Maurum 30 disasters - / sasigare by DOU, use sext dis assigned by DOU) Santa Cruz County Sheriffs Office 03403 Agency Authorized to Receive Criminal Record Information Sigt. Brian Cleveland Szoo Soquel Avenue Siste ZiP Code Santa Cruz County Sheriffs Office 03403 Agency Authorized to Receive Criminal Record Information Sigt. Brian Cleveland Santa Cruz County Sheriffs Office Contact Name (mandatury for all school submissions) Santa Cruz County Sheriffs Office Contact Telephone Number Applicant Information: East Last Name First Name Male Of Birth Sex Image Male Initial Date of Birth Social Security Number Height Weight Eye Color Hare Color Billing Number (Opens Willing Number) Number (Opens Swillow Country) Social Security Number Number Vour Number: Oct Number (Interse Vigoncy Ioontry is Number) Vour Number: Oct Numeer (Additional response for agencies specified by statute): Employer (Additional response for agencies specified by statute): Employer Name City	ORI (Code assigned by DOJ)		Authorized Applicant Type		
Contributing Agency Information: 03403 Santa Cruz County Sheriff's Office 03403 Agency Authorized Receive Criminal Record Information Sgt. Brian Cleveland Steel Address or P.O. Box Contact Name (manufactor) for all school submissions) Santa Cruz CA 95062 City State ZIP Code Applicant Information: Contact Name (manufactor) for all school submissions) Last Name First Name Middle Initial Other Name Sex Mall Cole Date of Birth Sex Mall First Date of Birth Sex Mall Diver's License Number Number (garroy stimg Number) Number Varroy sting Number Number (garroy stimg Number) Number (garroy stimg Number) Number Varroy Number:		t OR Working Title (Maximum 20 abaraat	are if assigned by DOL use exact title assigned)		
Santa Cruz County Sheriff's Office 03403 Agency Authorized to Receive Criminal Record Information Sgl Code (five-digit code assigned by DOJ) Streat Address or P.O. Box State ZIP Code Santa Cruz CA 95062 City State ZIP Code Contact Name (mandatory for all school submissions) Applicant Information:		-	ers - II assigned by DOJ, use exact the assigned y		
Agency Authorized to Receive Criminal Record Information Mail Code (five digit code assigned by DOJ) 5200 Soquel Avenue Sgt. Brian Cleveland Steel Address or P.O. Box Contact Telephone Number Applicant Information: Istate 21P Code Last Name First Name Other Name Middle Initial Date of Birth Sex Male Female Driver's License Number Billing Height Weight Eye Color Hair Color Number Male of Birth Soata Country Sodial Security Number Number (Other Name) (Intervention) Place of Birth Soata Place of Birth Soata Place of Birth (State or Country) Sodial Security Number Vour Number:					
Street Address or P.O. Box CA 95062 (831) 454-7616 City State ZIP Code Contact Telephone Number Applicant Information: Itest Name First Name Middle Initial Suffix Che Name Male Ferale First Name Middle Initial Suffix Date of Birth Sex Male Female Driver's License Number Billing Height Weight Eye Color Hair Color Number Misc. Other Mame Hours Street Address or P.O. Box Social Security Number Misc. Other Mame City State ZIP Code Your Number: Octa Munther (Agency identifying Number) Itexel of Service: DOJ FBI Your Number: Octa Munther (Agency identifying Number) Original ATI Number Original ATI Number If re-submission, list original ATI number: Original ATI Number 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 Date Date Date Date					
City State ZIP Code Contact Telephone Number Applicant Information:					
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(AKA or Ailas) East First Suffix Date of Birth Sex Male Female Driver's License Number Height Eye Color Hair Color Billing Number Misc. Place of Birth (State or Country) Social Security Number Misc. Number Home Address Street Address or P.O. Box City State ZIP Code Your Number:	Last Name		First Name	Middle Initial Suffix	
Date of Bith L L Differ S License Number Height Weight Eye Color Hair Color Number Place of Birth (State or Country) Social Security Number Misc. (Agency Billing Number) Home Address Street Address or P.O. Box City State ZIP Code Your Number: OCA Number (Agency Identifying Number) If re-submission, list original ATI number: (Must provide proof of rejection) Employer (Additional response for agencies specified by statute): Employer Name City State ZIP Code Telephone Number (optional) Live Scan Transaction Completed By: Name of Operator Date			First	Suffix	
Height Weight Eye Color Hair Color Number (Agency Billing Number) Place of Birth (State or Country) Social Security Number Misc.	Date of Birth Sex	Male Female			
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Address Street Address or P.O. Box City State ZIP Code Your Number:	Place of Birth (State or Country)	Social Security Number	Number		
Your Number:	Home				
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Live Scan Transaction Completed By: Name of Operator Date	Street Address or P.O. Box				
Name of Operator Date	City	State ZIP Code	Telephone Number (optional)		
	Live Scan Transaction Complete	ed By:			
Transmitting Agency LSID ATI Number Amount Collected/Billed	Name of Operator		Date		
	Transmitting Agency	LSID	ATI Number	Amount Collected/Billed	