



# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

CA0440000  
ORI (Code assigned by DOJ)

Standard CCW Permeit  
Authorized Applicant Type

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  
Agency Authorized to Receive Criminal Record Information

03403  
Mail Code (five-digit code assigned by DOJ)

5200 Soquel Avenue  
Street Address or P.O. Box

Sgt. Brian Cleveland  
Contact Name (mandatory for all school submissions)

Santa Cruz CA 95062  
City State ZIP Code

(831) 454-7616  
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