

REQUEST FOR LIVE SCAN
Applicant Submission

ORI: **CA0010900**
Code assigned by DOJ

TYPE OF APPLICATION: **PERMIT**

Job Title or Type of License, Certificate or Permit: CANNABIS PERMITS

Agency Address Set Contributing Agency:

OAKLAND POLICE DEPARTMENT

Agency authorized to receive criminal history information

04764

Mail Code (five digit code assigned by DOJ)

455 7th Street

Address or P.O. Box

Officer Billy Moore/John Romero

Contact Name (Mandatory for all submissions)

OAKLAND, CA 94607

City, State, Zip

(510) 238-2189

Contact Number

NAME OF APPLICANT: _____
(Please Print) Last Name First Name Middle Initial

ALIAS: _____ DRIVER'S LICENSE # _____
Last Name First Name

DATE OF BIRTH: _____ SEX: Male Female Misc. No. BIL – **120181**

HEIGHT: _____ WEIGHT: _____ Misc. No: **N/A**

EYE COLOR: _____ HAIR COLOR: _____ HOME ADDRESS: _____
Street Address or P.O. Box

PLACE OF BIRTH: _____
City, State, Zip

SOCIAL SECURITY NUMBER: _____

YOUR NUMBER: _____ LEVEL OF SERVICE DOJ FBI
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI Number; _____

EMPLOYER: (Additional responses for agencies specified by statute)

Employer Name

Street Address or P.O. Box

Mail Code (five digit code assigned by DOJ): **N/A**

City, State, Zip

Agency Phone: _____
(optional)

LIVE SCAN TRANSMISSION COMPLETED BY: _____ Date: _____
Name of Operator

Transmitting Agency

ATI No.

Amount Collected/Billed