

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: ENTERTAINMENT/CENTRAL DISTRICT ENTERTAINMENT VENUE

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 B. Moore

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: _____

Last Name

First Name

DRIVER'S LICENSE # _____

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: _____

OCA No. (Agency Identifying No.)

LEVEL OF SERVICE DOJ FBI

If resubmission, list Original ATI Number; _____

EMPLOYER: (Additional responses for agencies specified by statute)

Employer Name

Street Address or P.O. Box

City, State, Zip

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

Agency Phone: _____

(optional)

LIVE SCAN TRANSMISSION COMPLETED BY: _____

Date: _____

Name of Operator

Transmitting Agency

ATI No.

Amount Collected/Billed