



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

CA0199701

ORI (Code assigned by DOJ)

Employment

Authorized Applicant Type

House Staff

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

UCLA Health System

Agency Authorized to Receive Criminal Record Information

10920 Wilshire Blvd., Suite 400

Street Address or P.O. Box

Los Angeles

City

CA 90095

State ZIP Code

05507

Mail Code (five-digit code assigned by DOJ)

Zack Durant

Contact Name (mandatory for all school submissions)

(310) 794-0506

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 130032

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

Place of Birth (State or Country)

Social Security 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