



## REQUEST FOR LIVE SCAN SERVICE

[Print Form](#)[Reset Form](#)

### Applicant Submission

CA0120100

ORI (Code assigned by DOJ)

11105B11RESNO15654

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

### Contributing Agency Information:

ARCATA POLICE DEPARTMENT

Agency Authorized to Receive Criminal Record Information

736 F STREET

Street Address or P.O. Box

ARCATA CA 95521  
City State ZIP Code

CANABIS LC 11105(B)(11) PC

Authorized Applicant Type

00323

Mail Code (five-digit code assigned by DOJ)

EILEEN VERBECK

Contact Name (mandatory for all school submissions)

70782222428

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 CCAP Business 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