



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)

CANABIS LC 11105(B)(11) PC

Authorized Applicant Type

Contributing Agency Information:

ARCATA POLICE DEPARTMENT

Agency Authorized to Receive Criminal Record Information

736 F STREET

Street Address or P.O. Box

ARCATA

City

CA

State

95521

ZIP Code

00323

Mail Code (five-digit code assigned by DOJ)

EILEEN VERBECK

Contact Name (mandatory for all school submissions)

7078222428

Contact Telephone Number

Applicant Information:

Last Name

Other Name (AKA or Alias) Last

Date of Birth

Sex Male Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home Address Street Address or P.O. Box

First Name Middle Initial Suffix

First Suffix

Driver's License Number

Billing Number (Agency Billing Number)

Misc. Number (Other Identification Number)

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

Street Address or P.O. Box

City State ZIP Code

Mail Code (five digit code assigned by DOJ)

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number

Amount Collected/Billed