

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: CA0150800 Type of Application: Code assigned by DOJ

Job Title or Type of License, Certification or Permit:

Agency Address Set Contributing Agency:

Taft Police Department 00483 Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ) 320 Commerce Way Chris Carpenter - Admin Assistant Taft Police Dept Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions) Taft, CA 93268 ( 661 ) 763-3101 City State Zip Code Contact Telephone No.

Name of Applicant: (please print) Last First MI

Alias: Last First Driver's License No.

Date of Birth: Sex: Male Female Misc. No. BIL - 100198 Agency Billing Number

Height: Weight: Misc. No~

Eye Color: Hair Color: Home Address: Street or P.O. Box

Place of Birth: City, State and Zip Code

SOC:

Your Number: OCA No. (Agency Identifying No.) Level of Service DOJ FBI

If resubmission, list Original ATI No.

Employer: (Additional response for agencies specified by statute)

Employer Name Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ) City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: Name of Operator Date:

Taft Police Department Transmitting Agency ATI No. Amount Collected/Billed