

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: CA0560400 Type of Application: (check one) [] Employment [X] License, Certification, Permit [] Volunteer

Job Title or Type of License, Certification or Permit: Cannabis Employee Permit

Agency Address Set Contributing Agency:

OXNARD POLICE DEPARTMENT

Agency authorized to receive criminal history information

04376

Mail Code (five-digit code assigned by DOJ)

251 SOUTH "C" STREET

Street No. Street or PO Box

Beth R. Ward

Contact Name (Mandatory for all school submissions)

OXNARD

City of Oxnard

CA

State

93030

Zip Code

(805) 385-7650

Contact Telephone No.

Name of Applicant: (Please print) Last First MI

AKA's: Last First

CDL No.

DOB: SEX: [] Male [] Female

Misc. No. BIL- Agency Billing Number (if applicable)

HT: WT:

Misc. No.

EYE Color: HAIR Color:

Home Address:

POB: Place of Birth

Street or PO Box

SOC: Social Security Number

City, State and Zip Code

Your Number: OCA No. (Agency Identifying No.)

Level of Service [] DOJ [] FBI

If resubmission, list Original ATI No.

Records Checks: CLEAR ATTACHMENT

Crime Analysis Checks: CLEAR ATTACHMENT

CDL

Gang

W/W

Lexis

Altaris

Probation/Parole

Fusion

Roarke

Records Tech ID#:

Crime Analyst ID#:

Live Scan Transaction Completed by: Name of Operator Date:

Transmitting Agency ATI No. Amount Collected/Billed