



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

CA0160300

ORI (Code assigned by DOJ)

LICENSE, CERT OR PERMIT

Authorized Applicant Type

COMMERCIAL CANNABIS OPERATION

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

#### Contributing Agency Information:

LEMOORE POLICE DEPARTMENT

Agency Authorized to Receive Criminal Record Information

06570

Mail Code (five-digit code assigned by DOJ)

657 FOX STREET

Street Address or P.O. Box

CHIEF MICHAEL KENDALL

Contact Name (mandatory for all school submissions)

LEMOORE

City

CA

State

93245

ZIP Code

(559) 924-9574

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)

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 the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the 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