



**REQUEST FOR LIVE SCAN SERVICE**

*Applicant Submission*

\* A4677 ORI (Code assigned by DOJ) \* VOLUNTEER Authorized Applicant Type

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

Contributing Agency Information:

\* DRAWBRIDGE Agency Authorized to Receive Criminal Record Information \* 10089 Mail Code (five-digit code assigned by DOJ)

\* P.O. Box 2698 Street Address or P.O. Box \* Julie Scribner Contact Name (mandatory for all school submissions)

\* SAN RAFAEL City CA State 94912 ZIP Code \* 415-444-0930 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: \_\_\_\_\_ \* Level of Service:  DOJ  FBI  
OCA Number (Agency Identifying Number)

If re-submission, list original ATI number: \_\_\_\_\_ Original ATI Number  
(Must provide proof of rejection)

**DIRECTIONS FOR LIVE SCAN SUBMISSION:**

- 1) Download Interactive Live Scan Form from DrawBridge website
- 2) Enter all information, as it is listed above, into your interactive form
- 3) Enter your personal information into the form
- 4) Save an electronic copy for your records
- 5) Print or Copy 2 additional copies of the form:
  - a) One for Live Scan Operator
  - b) One for DrawBridge
- 6) Take both forms, your ID, and \$20 to Live Scan location of your choice
- 7) LiveScan operator will take one form and return one signed copy to you
- 8) Send the completed & signed copy to DrawBridge: P.O. Box 2698 San Rafael, CA 94912