

CITY OF LOS ANGELES - DEPARTMENT OF RECREATION AND PARKS
REQUEST FOR LIVE SCAN SERVICE - Applicant Submission

Applicants for live scan must complete the boxed "Applicant Information" section.

Requesting Agency ORI _____ Type of Application _____ Job Title/License/Permit _____

Agency Authorized to Receive DOJ Results _____ Agency Contact Name _____ Agency Phone _____ Agency Mail Code _____

Contributing Agency Address _____ City _____ State _____ Zip Code _____

Level of Service: DOJ FBI Billing #: _____

Applicant Information

Applicant Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name (AKA or Alias): Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Sex: Female Male Other/Unknown

Eye Color _____ Hair Color _____ Height _____ Weight _____

State, Country, or Territory of Birth _____ City or County of Birth _____

Social Security Number _____ CA Driver's License # _____ Misc. # (If request by Live Scan Operator) _____

Date of Birth _____ Applicant Phone _____ Type(s) of ID Being Presented for Identity Verification _____

Residence Address or P.O. Box _____ City _____ State _____ Zip Code _____

Write the name of the Recreation and Parks facility you are applying for. *(Fingerprint Rollers: OCA/Your Number Field)*

If re-submitting a recent live scan, list original ATI number: _____

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature: _____ Date: _____

If applicant is a minor: Legal Guardian Name: _____

Legal Guardian Signature: _____ Date: _____

Employer Name _____ Contact Name _____ Phone _____ Mail Code _____

Employer Address _____ City _____ State _____ Zip Code _____

Fingerprint Roller First and Last Name *(Please Print)* _____ Transaction Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ \$ _____
Amount Collected