



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

N/A  
ORI (Code assigned by DOJ) Commercial Application  
Authorized Applicant Type

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

#### Contributing Agency Information:

City of Riverbank	N/A
Agency Authorized to Receive Criminal Record Information	Mail Code (five-digit code assigned by DOJ)
6707 Third Street	Donna Kenney
Street Address or P.O. Box	Contact Name (mandatory for all school submissions)
Riverbank	CA 95367
City	State ZIP Code
	(209) 863-7124
	Contact Telephone Number

#### Applicant Information:

Last Name	First Name	Middle Initial	Suffix
Other Name (AKA or Alias) Last	First		Suffix
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License Number	
Height	Weight	Billing Number	
	Eye Color	(Agency Billing Number)	
	Hair Color	Misc. Number	
Place of Birth (State or Country)	Social Security Number	(Other Identification 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 re-submission, list original ATI number:  
(Must provide proof of rejection)

Original ATI Number \_\_\_\_\_

#### Employer (Additional response for agencies specified by statute):

N/A Employer Name	N/A 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	ATI Number
LSID	Amount Collected/Billed