



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A1494
ORI (Code assigned by DOJ)

PROCESS SERVER
Authorized Applicant Type

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

Contributing Agency Information:

SAN DIEGO COUNTY RECORDER/CLERK
Agency Authorized to Receive Criminal Record Information

00291
Mail Code (five-digit code assigned by DOJ)

P.O. BOX 121750
Street Address or P.O. Box

NAIME BAJRAMI
Contact Name (mandatory for all school submissions)

SAN DIEGO CA 92112
City State ZIP Code

(619) 531-5063
Contact Telephone Number

Applicant Information:

Last Name First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name First Name Suffix

Sex ☐ Male ☐ Female ☐ Nonbinary/Unspecified

Date of Birth 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 City State ZIP Code

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

Applicant Signature Date

Your Number: PROCESS SERVER #
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

Street Address or P.O. Box Telephone Number (optional)

City State ZIP Code Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed