



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

STEVEN TABBUTT

Contact Name (mandatory for all school submissions)

SAN DIEGO

City

CA

State

92112

ZIP Code

(619) 840-2899

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Date of Birth Sex Male Female Nonbinary/Unspecified

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

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:

Original ATI Number

(Must provide proof of rejection)

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