



**SAMPLE FOR CERTIFICATION OF NURSE ASSISTANTS OR HOME HEALTH AIDES  
REQUEST FOR LIVE SCAN SERVICE**

**Applicant Submission**

ORI (Code assigned by DOJ)

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:**

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State Zip Code

Contact Telephone Number

**Applicant Information:**

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last *(Check one)*

First Name 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: OCA Number (Agency Identification Number)

Level of Service:  DOJ  FBI

If re-submission, list ATI number: (Must provide proof of Rejection)

Original ATI Number

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

Employer Name

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 LSID

ATI Number

Amount Collected/Billed