

**REQUEST FOR LIVE SCAN SERVICE**  
*Applicant Submission*

**ORI:** CA0560900 Type of Application: \_\_\_\_\_  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Massage Establishment Permit

Agency Address Set Contributing Agency:  
Simi Valley Police Department  
Agency authorized to receive criminal history information

3901 Alamo St.  
Street No. Street or PO Box

Simi Valley CA 93063  
City State Zip Code

05566  
Mail Code (five digit code assigned by DOJ)

Contact Name (Mandatory for all school submissions) \_\_\_\_\_

(805) 583-6950  
Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

Alias: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City, State and Zip Code

SOC: \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Misc. No. **BIL** - \_\_\_\_\_  
Agency Billing Number

Misc. No. \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street or PO Box

\_\_\_\_\_ City, State and Zip Code

Your Number: CA0349400  
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. \_\_\_\_\_

Level of Service  DOJ  FBI

Employer: (Additional response for agencies specified by statute)

Employer Name \_\_\_\_\_

Street No. \_\_\_\_\_ Street or PO Box \_\_\_\_\_  
City State Zip Code

Mail Code (five digit code assigned by DOJ) \_\_\_\_\_

( ) \_\_\_\_\_  
Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected / Billed \_\_\_\_\_