

REQUEST FOR LIVE SCAN SERVICE

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ORI: A1240 Type of Application: Employment

Applicant Job Title: _____

Agency Address Set Contributing Agency:

University of California, Riverside 02197
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

1223 University Avenue, Suite 200 Mariela Bridges
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)

Riverside CA 92521 (951) 827-3641
City State Zip Code Contact Telephone No.

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Name of Applicant: _____
(Please print) Last First MI

Alias: _____ Driver's License No: _____
Last First

Date of birth: _____ Sex: Male Female Misc. No.: BIL -155892
Agency Billing Number

Height: _____ Weight: _____ Citizenship: _____

Eye Color: _____ Hair Color: _____
Street No. Street or PO Box

Place of Birth: _____
City, State and Zip Code

Social Security Number: _____

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Level of Service:
▪ Check DOJ & FBI for career, critical positions
▪ Check DOJ Only for career non-critical, casual critical, casual-restricted critical, or contract critical positions.

Level of Service: DOJ Only DOJ & FBI
If resubmission, list Original ATI #: _____

Live Scan Transaction Completed By: _____
Name of Operator Date

Transmitting Agency: LS UC Riverside HR AUX SV ATI No.: _____ Amount Collected/Billed: _____

Department: _____ Department Contact: _____ Ext: _____