

CALIFORNIA LIVESCAN

California Live Scan is a Certified California Department of Justice fingerprint provider since 2006



CALIFORNIA LIVESCAN

18090 Beach Blvd. # 9 upstairs

Huntington Beach, CA 92648

O (714) 787-8765

www.california-livescan.com

Office Hours: 9am to 5pm Mon.- Fri.

We accept WALK-INS! No Appointment needed!



What To Bring:

- * Request For Live Scan Service Form
- * Valid photo ID
- * Please bring this flyer

Directions:

* We are located on Beach Blvd.
between Ellis and Talbert Ave.
We are in the driveway right after
the Beach Inn Motel



REQUEST FOR LIVE SCAN SERVICE

HWLL

Applicant Submission

AR874
ORI (Code assigned by DOJ)

Volunteer/VCA
Authorized Applicant Type

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

Contributing Agency Information:

Huntington West Little League
Agency Authorized to Receive Criminal Record Information

26518
Mail Code (five-digit code assigned by DOJ)

P.O. Box 1384
Street Address or P.O. Box

Lessly Tune
Contact Name (mandatory for all school submissions)

Huntington Beach
City

CA
State

92647
ZIP Code

Contact Telephone Number

Applicant Information:		Fill out this section only	
Last Name	First Name	Middle Initial	Suffix
Other Name: (AKA or Alias)			
Last Name	First Name	Suffix	
Sex	Male	Female	
Date of Birth	Driver's License Number		
Height	Weight	Eye Color	Hair Color
Place of Birth (State or Country)	Social Security 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: _____
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):

N/A
Employer Name

N/A
Street Address or P.O. Box

N/A
Telephone Number (optional)

N/A
City

N/A
State

N/A
ZIP Code

N/A
Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator
SLS

Date
LA9

Transmitting Agency
LSID

ATI Number
\$

Amount Collected/Billed