

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

**ORI:** CA0440300 Type of Application: License Cert or Permit  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Medical Cannabis Cultivation

### Agency Address Set Contributing Agency:

Watsonville Police Department 06010  
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)

215 Union Street  
Street No. Street or PO Box

Watsonville CA 95077 (831) 768-3370  
City State Zip Code Contact Telephone No.

Contact Name (Mandatory for all school submissions)

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

Alias: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Misc. No. **BIL** - \_\_\_\_\_  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. No. \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Street or PO Box

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

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Agency Telephone No. (optional) \_\_\_\_\_

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

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