STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

(License, Certification, Permit Only, or Business Partner Automation Program Participant)

To verify your identity, please bring an official governmental photo document (e.g., driver license, identification card, passport, etc.) with you to the live scan site. Processing fees are non-refundable.

Please read instructions on reverse before completing form.

1. CODE ASSIGNED BY DOJ
ORI: A0059

APPLICANT COMPLETES *(EXCEPT ITEM 15)* — **PLEASE PRINT.**

2. CHECK APPROPRIATE BOX *(SEE REVERSE FOR INSTRUCTIONS)*

Ambulance Driver Certificate Only

A. ☐ Department of Motor Vehicles
Licensing Operations Division
Occupational Licensing Branch
P. O. Box 932342   MS—L224
Sacramento, CA 94232-3420

Five Digit Mail Code: 04620

Contact: Operations Manager
916-229-3153

B. ☐ Department of Motor Vehicles
Licensing Operations Division
Issuance, Commercial Driver License
P.O. Box 942890
Sacramento, CA 94232-3420

Five Digit Mail Code: 04621

Contact: CDL/PDPS Manager
916-657-5771

3. TYPE OF APPLICATION *(ONLY IF CHECKING BOX "A" ABOVE)* — Check One
☐ License   ☐ Certification   ☐ Permit   ☐ Business Partner Automation Program Participant (BPA)
☐ Employer Testing Program Examiner (ETP)

4. APPLICANT NAME *(LAST, FIRST, MIDDLE INITIAL)*

5. AKA *(LAST, FIRST)*

ADDITIONAL AKA *(LAST, FIRST)*

6. DATE OF BIRTH	**7.** SEX ☐ Male ☐ Female	**8.** HEIGHT	**9.** WEIGHT	**10.** EYE COLOR	**11.** HAIR COLOR

12. PLACE OF BIRTH	**13.** SOCIAL SECURITY NUMBER

14. CALIFORNIA DRIVER LICENSE/IDENTIFICATION NUMBER	**15. NO BILLING NUMBER—APPLICANT PAYS**	**16.** MISCELLANEOUS NUMBER

17. HOME ADDRESS AND TELEPHONE NUMBER	STREET	CITY	STATE	ZIP CODE	TELEPHONE NUMBER

18. YOUR NUMBER *(OCA NUMBER—AGENCY IDENTIFYING NUMBER)* OLAD	**19.** IF RESUBMISSION, LIST ORIGINAL ATI NUMBER	**20.** LEVEL OF SERVICE ☒ DOJ ☐ FBI-BPA/ETP CHECK

LIVE SCAN OPERATOR COMPLETES

21. OPERATOR COMPLETING LIVE SCAN TRANSACTION	**22.** DATE

23. TRANSMITTING AGENCY *(LSID NUMBER)*	**24.** ATI NUMBER	**25.** AMOUNT COLLECTED	**26.** AMOUNT BILLED

DISTRIBUTION: ORIGINAL - *Live Scan Operator*
SECOND COPY - *Requesting Agency*
THIRD COPY - *Applicant*

INSTRUCTIONS FOR COMPLETING FRONT

1. **Code Assigned by DOJ:** ORI number pre-printed.

2. **Agency Address Set Contributing Agency:** Check box "B" if applying for an Ambulance Driver Certificate. Check box "A" for all other licenses, Vehicle Verifier Permit, or Business Partner Automation Program Participant.

3. **Type of Application:** Check one. Applications for the following type licenses require Live Scan services.

   - Ambulance Driver Certificate
   - Business Partner Automation Program/Registration Service Owner
   - Business Partner Automation Program/Dealer Owner
   - Business Partner Automation Program/Employee (i.e., Registration Service, Dealer, Automobile Club, Rental Car, Leasing Company employee).
   - Dealer License
   - Dismantler/Wrecker License
   - Distributor License
   - Distributor Representative License
   - Driving School Instructor License

   - Driving School Operator License
   - Driving School Owner License
   - Employer Testing Program Examiner
   - Lessor/Retailer License
   - Manufacturer License (includes Remanufacturer)
   - Manufacturer Representative License
   - Registration Service License
   - Salesperson License
   - Transporter License
   - Traffic Viol. School Owner License (includes Operator or Instructor)
   - Vehicle Verifier Permit

4. **Name of Applicant:** Enter applicant's full name.

5. **AKA:** Enter any other names applicant has used.

6. **Date of Birth:** Enter applicant's date of birth.

7. **Sex:** Check appropriate gender box.

8. **Height:** Enter applicant's height.

9. **Weight:** Enter applicant's weight.

10. **Eye color:** Enter applicant's eye color.

11. **Hair color:** Enter applicant's hair color.

12. **Place of birth:** Enter city, state, and country

13. **Social Security Number:** Enter applicant's social security number.

14. **California Driver License/Identification Card number:** Enter applicant's California Driver License/Identification Card number.

15. **Applicant Pays:** Live Scan operator will complete.

16. **Miscellaneous Number:** Enter other identifying numbers (e.g., other state driver license number).

17. **Home Address:** Enter applicant's residence address and telephone number.

18. **Your number:** DMV identifying number pre-printed.

19. **If resubmission:** Enter the original ATI number provided on the reject notification to avoid paying an additional processing fee.

20. **Level of Service:** DOJ required for occupational licenses, in addition, FBI required for Business Partner Automation Program Participants, and employer testing program examiners.

21. **Operator Completing Live Scan Transaction:** Enter operator's name.

22. **Date:** Enter date transaction was completed.

23. **Transmitting Agency:** Enter live scan identification number.

24. **ATI Number:** Enter ATI number.

25. **Amount Collected:** Enter amount collected.

26. **Amount Billed:** Enter amount billed.