

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

ORI: CA0490000 Type of Application: 1 Year Tax Cab Driver Permit  
Code assigned by DOJ  
Job Title or Type of License, Certification or Permit: Taxi Cab Driver Permit

### Agency Address Set Contributing Agency:

Sonoma County Sheriff's Office 06038  
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)  
2796 Ventura Avenue Watch Commander  
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)  
Santa Rosa CA 95403 ( 707 ) 565-2650  
City State Zip Code Contact Telephone No.

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 (if applicable)  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. No. \_\_\_\_\_  
Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Street or P.O. Box  
Place of Birth: \_\_\_\_\_  
City, State and Zip Code  
SOC: \_\_\_\_\_

Your Number: \_\_\_\_\_ Level of Service  DOJ  FBI  
OCA No. (Agency Identifying No.)  
If resubmission, list Original ATI No. \_\_\_\_\_

### 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