



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0861
ORI (Code assigned by DOJ)

LICENSE CERT/PERMIT
Authorized Applicant Type

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

Contributing Agency Information:

CITY OF LA QUINTA
Agency Authorized to Receive Criminal Record Information

22064
Mail Code (five-digit code assigned by DOJ)

78495 CALLE TAMPICO
Street Address or P.O. Box

CHRISTOPHER ESCOBEDO
Contact Name (mandatory for all school submissions)

LA QUINTA CA 92253
City State ZIP Code

(760) 777-7010
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed