



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA 0290200
ORI (Code assigned by DOJ)

CANNABIS LICENSING
Authorized Applicant Type

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

Contributing Agency Information:

NEVADA CITY POLICE DEPT.
Agency Authorized to Receive Criminal Record Information

24227
Mail Code (five-digit code assigned by DOJ)

317 BROAD STREET
Street Address or P.O. Box

CANNABIS COMPLIANCE / C. ELUS
Contact Name (mandatory for all school submissions)

NEVADA CITY CA 95959
City State ZIP Code

(530) 265-4700
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

144354
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

24227
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