



# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

AB 264  
ORI (Code assigned by DOJ)

License, Certificate or Permits  
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:

City of Goleta  
Agency Authorized to Receive Criminal Record Information

130 Cremona Dr., Suite B  
Street Address or P.O. Box

Goleta CA 93117  
City State ZIP Code

12512  
Mail Code (five-digit code assigned by DOJ)

Vyto Adomaitis  
Contact Name (mandatory for all school submissions)

(805) 961-7555  
Contact Telephone Number

### Applicant Information:

Last Name

Other Name (AKA or Alias) Last

Date of Birth Sex  Male  Female

Height Weight Eye Color Hair Color

Place of Birth (State or Country) Social Security Number

Home Address Street Address or P.O. Box

First Name Middle Initial Suffix

First Suffix

Driver's License Number

Billing Number (Agency Billing Number)

Misc. Number (Other Identification Number)

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

Street Address or P.O. Box

City State ZIP Code

Mail Code (five digit code assigned by DOJ)

Telephone Number (optional)

### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed