

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
BACKGROUND INFORMATION

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APPLICANT NAME _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS BELOW AND PROVIDE A DETAILED EXPLANATION TO ALL QUESTIONS MARKED "YES."

1. HAVE YOU OR YOUR SPOUSE EVER HAD AN OWNERSHIP INTEREST IN A SIMILAR TYPE BUSINESS?

NO YES *PLEASE EXPLAIN (INCLUDE DATES, BUSINESS NAMES, AND ADDRESSES. PROVIDE SPOUSE'S FULL NAME)

2. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME AS A RESULT OF AN ARREST, CITATION OR CRIMINAL COMPLAINT? (ALL CASES RESULTING IN REDUCED CHARGES OR DISMISSAL UNDER AUTHORITY OF 1203.4 P.C. OR 1385 P.C. MUST BE DISCLOSED)

NO YES *PLEASE EXPLAIN

3. DO YOU HAVE ANY ARRESTS, CITATIONS OR COURT CASES PENDING DISPOSITION?

NO YES *PLEASE EXPLAIN

4. DO YOU CURRENTLY HAVE OR FORMERLY HAD A LICENSE TO CONDUCT BUSINESS? (CHECK ALL THAT APPLY)

BUSINESS LICENSE # _____
 STATE LICENSE # _____
 FEDERAL LICENSE # _____

(INCLUDE ISSUING AGENCY, TYPE OF BUSINESS, BUSINESS NAME AND ADDRESS)

5. HAVE YOU EVER HAD A BUSINESS LICENSE, STATE, AND/OR FEDERAL LICENSE OR CERTIFICATE SUSPENDED, REVOKED AND/OR DENIED?

NO YES *PLEASE EXPLAIN (INCLUDE TYPE OF LICENSE/CERTIFICATE NUMBER, DATE, AND REASON)

I HAVE ANSWERED EVERY QUESTION COMPLETELY AND TRUTHFULLY. I UNDERSTAND THAT ANY INCOMPLETENESS, FALSIFICATION, OR MISREPRESENTATION OF ANY INFORMATION PROVIDED MAY RESULT IN THE DENIAL OF THIS APPLICATION OR REVOCATION OF THE BUSINESS LICENSE.

APPLICANT'S SIGNATURE: _____ DATE: _____

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0190094

ORI (Code assigned by DOJ)

LICENSE CERTIFICATION PERMIT

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:

LASD/MAJOR CRIMES BUREAU/LICENSING DETAIL

Agency Authorized to Receive Criminal Record Information

115815 SOUTH COLIMA ROAD, ROOM C-111

Street Address or P.O. Box

WHITTIER

City

CA 90604

State ZIP Code

07253

Mail Code (five-digit code assigned by DOJ)

MICHELLE HAUSER

Contact Name (mandatory for all school submissions)

(562) 946-7230

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