

APPLICATION TO OBTAIN COPY OF STATE SUMMARY CRIMINAL HISTORY RECORD

California Penal Code section 11120 through 11127 afford persons an opportunity to obtain a copy of their record. If any, contained in the files of the California Bureau of Criminal Identifications and Information and refute any erroneous or inaccurate information contained therein:

This application is not to be used to obtain a copy of your record to furnish to another person or agency for immigration, visa, employment, licensing, or certification purposes (refer to Penal Code Section 11125).

On reverse complete the following fields:

1. **ORI:** Check the box that applies to your situation
2. **Reason for application:** Short explanation of why you want your record
3. **Name:** Write your first name; last name, first name middle name
4. **AKA:** This field is for any other names that you may have used:
(Maiden Name; Nick Name)
5. **Date of Birth:** Month/Day/Year (01-01-1962)
6. **Sex:** Check the appropriate box
7. **Height:** Examples: 5 ft 4 in = 504; 5 ft 11 in = 511; 6 ft = 600 etc
8. **Weight:** Examples: 200 lbs = 200; 150 lbs = 150 etc
9. **Eye Color:** Write the color of your eyes
10. **Hair Color:** Write the color of your hair
11. **Street or P.O. Box:** Put your house address and street name
12. **City, State and Zip Code:** Put the City, State and Zip of your home address
13. **Place of Birth:** City and State where you were born
14. **Social Security Number:** Your social security number xxx-xx-xxxx
15. **California Driver's License:** Your Driver's license number
16. **Daytime Telephone Number:** This can be a cell phone, work number or home number.

****NOTE: DO NOT WRITE BELOW THE "DAYTIME TELEPHONE NUMBER" FIELD. THE REMAINING FIELDS ARE FOR THE LIVSCAN PERSONNEL TO COMPLETE.**

The Ripon Police Department only provides the service of fingerprinting. We do not receive any notification from DOJ regarding the status of your request or your fingerprint transmittal. If you have questions regarding your transmittal request please contact DOJ at 916-227-3849.

REQUEST FOR LIVE SCAN SERVICE

ORI: CA0349435 Type of Application: (check one) Record Review Visa/Immigration

(Job Title)
Reason for Application: _____

Agency Address Set Contributing Agency:

California Department of Justice
Record Review Unit
P.O. Box 903417
Sacramento, CA 94203-4170

Mail Code: 07041

Contact Name: Record Review Unit
Contact Telephone No. (916) 227-3849

Name of Applicant: _____
(Please print) Last First MI

AKA: _____
Last First

Date of Birth: ____ / ____ / ____ SEX: Male Female Billing No. _____

Height: _____ Weight: _____ Applicant's Address:

EYE Color: _____ HAIR Color: _____
Street or P.O. Box

Place of Birth: _____
(State or Foreign Country) City, State and Zip Code

Social Security Number: _____

California Driver's License No. _____
Daytime Telephone Number

Level of Service DOJ Only If Resubmission, list Original ATI No. _____

Live Scan Transaction Completed by: _____ Date: _____
Name of Operator

Transmitting Agency: _____ Terminal ID: _____ Amount Collected: _____

ATI Number: _____
DOJ FEE: \$25.00
RIPON PD FEE: \$10.00
TOTAL (If Processed through Ripon PD) \$35.00
*Processing fees for other agencies may vary.