

CITY OF MOUNTAIN VIEW  
POLICE DEPARTMENT

REQUEST FOR LIVE SCAN SERVICE  
CANNABIS Applicant Submission

ORI CA0431100 Type of Application:  License, Certification, Permit Contractor  
Code Assigned by DOJ

Job Title or Type of License, Certification, or Permit:  Cannabis Owner  Cannabis Employee

Agency Address Set Contributing Agency:

Mountain View Police Department  
Agency Authorized to Receive Criminal History Information

04323  
Mail Code (Five-Digit Code Assigned by DOJ)

1000 Villa Street  
Street No. Street or P.O. Box

NES Sergeant  
Contact Name

Mountain View, CA 94041  
City State Zip Code

650-903-6102  
Contact Telephone No.

(PLEASE PRINT)

Name of Applicant: \_\_\_\_\_  
Last First MI

AKAs \_\_\_\_\_ CDL No. \_\_\_\_\_  
Last First

DOB: \_\_\_\_\_ SEX:  Male  Female

HT: \_\_\_\_\_ WT: \_\_\_\_\_ Phone No.: \_\_\_\_\_

EYE Color: \_\_\_\_\_ HAIR Color: \_\_\_\_\_ Home Address

POB: \_\_\_\_\_  
Street or P.O. Box

SSN: \_\_\_\_\_  
City State Zip Code

Your Number: CA0431100  
OCA No. (Agency Identifying No.)

Level of Service:  DOJ  FBI

If resubmission, list original ATI No.: \_\_\_\_\_

Live Scan Transaction Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

MVDPD911 \_\_\_\_\_  
Transmitting Agency ATI No. Amount Collected/Billed

**DOJ AUTOMATED APPLICANT RESPONSE STATUS NUMBER: 916-227-4557**

**ORIGINAL – Live Scan Operator; SECOND COPY – PD Administration; THIRD COPY – Applicant**