



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A7138

ORI (Code assigned by DOJ)

VOLUNTEER

Authorized Applicant Type

VOLUNTEER

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

Contributing Agency Information:

Community Outreach & Opportunity Programs

Agency Authorized to Receive Criminal Record Information

8929 S. Sepulveda Blvd., Suite #400

Street Address or P.O. Box

Los Angeles

City

CA 90045

State ZIP Code

00279

Mail Code (five-digit code assigned by DOJ)

Sharma Henderson

Contact Name (mandatory for all school submissions)

(310) 649-1016

Contact Telephone Number

Applicant Information:

SAMPLE

Last Name

Other Name SAMPLES

(AKA or Alias) Last

99/99/9999

Date of Birth

Sex Male Female

9'9"

Height

999

Weight

COLOR

Eye Color

COLOR

Hair Color

HAPPY TOWN

Place of Birth (State or Country)

999-99-9999

Social Security Number

Home 1234 HELPER LANE

Address Street Address or P.O. Box

SUSAN

First Name

Middle Initial

Suffix

SUSIE

First

Suffix

A9999999

Driver's License Number

Billing

Number 146388

(Agency Billing Number)

Misc.

Number LEAVE BLANK

(Other Identification Number)

GOOD CITY

City

CA

State

99999

ZIP Code

Your Number: N/A

OCA Number (Agency Identifying Number)

Level of Service:

DOJ FBI

If re-submission, list original ATI number:

(Must provide proof of rejection)

N/A

Original ATI Number

Employer (Additional response for agencies specified by statute):

LEAVE THIS ENTIRE SECTION BLANK

Employer Name

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