

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

**ORI:** AA071 Type of Application: (check one)  Employment  License, Certification, Permit  Volunteer  
Code assigned by DOJ  
Job Title or Type of License, Certification or Permit: Volunteer

### Agency Address Set Contributing Agency:

Outdoor Outreach 11483  
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)  
5275 Market Street, Suite A Rachel Rabinor  
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)  
San Diego CA 92114 ( 619 ) 238-5790  
City State Zip Code Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

AKA's: \_\_\_\_\_ CDL No. \_\_\_\_\_  
Last First

DOB: \_\_\_\_\_ SEX:  Male  Female Misc. No. BIL -  
Agency Billing Number (if applicable)

HT: \_\_\_\_\_ WT: \_\_\_\_\_ Misc. No. \_\_\_\_\_

EYE Color: \_\_\_\_\_ HAIR Color: \_\_\_\_\_ Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

POB: \_\_\_\_\_ Street or PO Box

SOC: \_\_\_\_\_ City, State and Zip Code

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

Level of Service DOJ  FBI

If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name \_\_\_\_\_

Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)

City State Zip Code ( ) Agency Telephone No. (Optional)

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

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

**GUIDELINES FOR COMPLETING REQUEST FOR LIVE SCAN SERVICE  
APPLICANT SUBMISSION FORM**

1. **ORI:** Agency's ORI code assigned by DOJ. You must request this in advance of submitting via live scan.
2. **Type of Application:** Check the appropriate box for employment, license, certification, permit, or volunteer. Only one box should be checked.
3. **Job Title or Type of License, Certification, or Permit:** Enter the job title or type of license, certification or permit for which the applicant is applying. If applicant is a volunteer, enter volunteer.
4. **Agency Address Set Contributing Agency:** Enter contributing agency information (please print or attach a preprinted mailing label in this area).

**Agency authorized to receive criminal history information:** Agency Name.

**Street No., Street or P.O. Box:** Agency's Street address or P.O. Box.

**City, State and Zip code:** Agency's City, State and Zip code.

**Mail Code:** Agency's unique five digit code assigned by DOJ. This code applies only to those agencies who have indicated that they wish to receive an Internet or FAX response and have provided their Internet address or FAX number to DOJ. Five digit codes will be assigned by DOJ and provided to submitting agencies. You must request this in advance of submitting via live scan.

**Contact Name:** Contact person within your agency. **(Schools must provide a contact name for serious/violent notification calls.)**

**Contact Telephone No.:** Contact person's phone number.

5. **Name of Applicant:** Enter applicant's full name.

**AKA's:** Names (if any) the applicant has used.      **CDL No:** California Driver's License Number

**DOB:** Date of Birth    **SEX:** Gender (male or female)    **Misc. No. BIL:** Enter Agency's billing number (if applicable) **SEE NOTE ON PAGE 2**

**HT:** Height    **WT:** Weight      **Misc. No.:** Enter other identifying numbers. (e.g., Other State Driver's License Number)

**EYE Color:** Eye Color    **HAIR Color:** Hair color      **Home Address:** Home address (Applies only to Youth Organization, Human Resource Agency or Public Utility submissions)

**POB:** Place of Birth

**SOC:** Social Security Number

6. **Your Number:** Identifying numbers your agency has assigned to this applicant, if any.

**Level of Service:** Check the box for DOJ if you are requesting California information. You may also check the box for FBI if you are requesting information from other states and have authority to do so.

**If resubmission, list Original ATI No.:** Enter the original ATI number provided on the reject notification to avoid paying an additional processing fee.

7. **Employer:** If your contributing agency is **not** Department of Social Services, DMV/CHP licensing, or Department of Corporations **DO NOT COMPLETE THIS SECTION.**