

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 Joe McLeod
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 _____