

REQUEST FOR LIVE SCAN SERVICE

Sample

Applicant Submission

ORI: A8250 Type of Application: Volunteer  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Volunteer

Agency Address Set Contributing Agency:

Evergreen Valley Church  
Agency authorized to receive criminal history information

10139  
Mail Code (five digit code assigned by DOJ)

2750 Yerba Buena Rd  
Street No. Street or P.O. Box

Susan Schubert  
Contact Name (Mandatory for all school submissions)

San Jose, CA 95121  
City State Zip Code

(408) 274-7422  
Contact Telephone No.

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

Alias: \_\_\_\_\_  
Last First

Driver's License No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Misc. No. BIL - X  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Misc. No: X

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street or P.O. Box

Place of Birth: \_\_\_\_\_

City, State and Zip Code

SOC: \_\_\_\_\_

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

Level of Service  DOJ  FBI

If resubmission, list Original ATI No. X

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or P.O. 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 \_\_\_\_\_