



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A9217

ORI (Code assigned by DOJ)

VOLUNTEER

Authorized Applicant Type

VOLUNTEER / 11105.3PC

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

Contributing Agency Information:

CAYO SAN DIEGO FOUR H

Agency Authorized to Receive Criminal Record Information

06237

Mail Code (five-digit code assigned by DOJ)

9335 HAZARD WAY STE 201

Street Address or P.O. Box

SUE MANGLALLAN

Contact Name (mandatory for all school submissions)

SAN DIEGO

City

CA

State

92123

ZIP Code

(858) 822-7773

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex

☐

Male

☐

Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number: ANR/UCCE/SAN DIEGO/4-H

OCA Number (Agency Identifying Number) /County

Level of Service: ☒ DOJ ☐ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

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