

SAMPLE

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REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A 7298 Type of Application: VOLUNTEER
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: VOLUNTEER LEADER

Agency Address Set Contributing Agency:

SANTA BARBARA 4-H YDP
Agency authorized to receive criminal history information

06602
Mail Code (five digit code assigned by DOJ)

305 CAMINO DEL REMEDIO
Street No. Street or P.O. Box

CHRISTIN PACE
Contact Name (Mandatory for all school submissions)

SANTA BARBARA CA 93110
City State Zip Code

(805) 692-1734
Contact Telephone No.

Name of Applicant: YOUR NAME
(please print) Last First MI CA LICENSE NO

Alias: Last First Driver's License No. _____

Date of Birth: _____ Sex: Male Female Misc. No. BIL - _____
Agency Billing Number

Height: _____ Weight: _____ Misc. No: LEAVE BLANK

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box

Place of Birth: _____ City, State and Zip Code

SOC: SOCIAL SECURITY NO.

Your Number: A 7298 Level of Service DOJ FBI
OCA No. (Agency Identifying No.)

FOR RESUBMISSION ENTER YOUR OATI

If resubmission, list Original ATI No. _____

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

LEAVE THIS SECTION BLANK

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____