



REQUEST FOR LIVE SCAN SERVICE

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Applicant Submission

A3337 _____ Volunteer
 ORI (Code assigned by DOJ) _____ Authorized Applicant Type
 Volunteer
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - If assigned by DOJ, use exact title assigned) _____

Contributing Agency Information:

Calvary Murrieta _____ 02323 _____
 Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ)
 24225 Monroe Avenue _____ Tony Schaffner _____
 Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions)
 Murrieta _____ CA 92562 _____ 9516775667 _____
 City _____ State ZIP Code _____ 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 _____
 Height _____ Weight _____ Eye Color _____ Hair Color _____
 Place of Birth (State or Country) _____ Social Security Number _____
 Home Address Street Address or P.O. Box _____ City _____ State _____ ZIP Code _____

Driver's License Number: _____
 Billing Number _____ (Agency Billing Number)
 Misc. Number _____ (Other Identification Number)

Your Number: _____
 OCA Number (Agency Identifying Number)

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 _____