



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

A4609 \_\_\_\_\_ Volunteer  
 ORI (Code assigned by DOJ) \_\_\_\_\_ Authorized Applicant Type  
 Volunteer at **NAME OF SCHOOL:** \_\_\_\_\_  
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) \_\_\_\_\_

#### Contributing Agency Information:

So Calif Conf of SDA's - Office of Education \_\_\_\_\_ 05414 \_\_\_\_\_  
 Agency Authorized to Receive Criminal Record Information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ)  
 PO Box 969 \_\_\_\_\_ Harold Crook \_\_\_\_\_  
 Street Address or P.O. Box \_\_\_\_\_ Contact Name (mandatory for all school submissions)  
 Glendale \_\_\_\_\_ CA 91209-0969 \_\_\_\_\_ (818) 546-8456 \_\_\_\_\_  
 City \_\_\_\_\_ State ZIP Code \_\_\_\_\_ Contact Telephone Number

#### Applicant Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_  
 Other Name \_\_\_\_\_ First \_\_\_\_\_ Suffix \_\_\_\_\_  
 (AKA or Alias) Last  
 Date of Birth \_\_\_\_\_ Sex  Male  Female \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Billing Number \_\_\_\_\_  
 \_\_\_\_\_ (Agency Billing Number)  
 Place of Birth (State or Country) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Misc. Number \_\_\_\_\_  
 \_\_\_\_\_ (Other Identification Number)  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Street Address or P.O. Box

Your Number: none \_\_\_\_\_ Level of Service:  DOJ  FBI  
 OCA Number (Agency Identifying Number)

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

#### 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 \_\_\_\_\_