



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A4609 _____ VOLUNTEER _____
ORI (Code assigned by DOJ) _____ Authorized Applicant Type

Employment at NAME OF SCHOOL: _____
Type of License/Certification/Permit Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Southern California Conference of SDA's _____ 05414 _____
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)
1535 E. Chevy Chase Drive _____ Ashton Hardin-Artiga _____
Street Address or P.O. Box Contact Name (mandatory for all school submissions)
Glendale _____ CA 91206 _____ (818) 546-8416 _____
City State ZIP Code Contact Telephone Number

Applicant Information:

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

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

_____ Applicant Signature _____ Date

Your Number: _____ Level of Service: DOJ FBI
OCA Number (Agency Identifying Number) _____
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the 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 _____
Street Address or P.O. Box _____ Telephone Number (optional) _____
City _____ State ZIP Code _____ Mail Code (five digit code assigned by DOJ) _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____
Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____