



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A7138
ORI (Code assigned by DOJ)

VOLUNTEER
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:

Community Outreach & Opportunity Programs
Agency Authorized to Receive Criminal Record Information
8929 S. Sepulveda Blvd., Suite #400
Street Address or P.O. Box
Los Angeles CA 90045
City State ZIP Code

00279
Mail Code (five-digit code assigned by DOJ)
Sharma Henderson
Contact Name (mandatory for all school submissions)
(310) 649-1016
Contact Telephone Number

Applicant Information:

SAMPLE
Last Name
Other Name SAMPLES
(AKA or Alias) Last
99/99/9999
Date of Birth Sex Male Female
9'9" 999
Height Weight COLOR COLOR
Eye Color Hair Color
HAPPY TOWN 999-99-9999
Place of Birth (State or Country) Social Security Number
Home 1234 HELPER LANE
Address Street Address or P.O. Box

SUSAN
First Name Middle Initial Suffix
SUSIE
First Suffix
A9999999
Driver's License Number
Billing
Number 146388
(Agency Billing Number)
Misc.
Number LEAVE BLANK
(Other Identification Number)
GOOD CITY CA 99999
City State ZIP Code

Your Number: N/A
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

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

N/A
Original ATI Number

Employer (Additional response for agencies specified by statute):

LEAVE BLANK THIS ENTIRE SECTION BLANK
Employer Name
Street Address or P.O. Box
City State ZIP Code

Mail Code (five digit code assigned by DOJ)
Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator
Transmitting Agency LSID

Date
ATI Number Amount Collected/Billed