



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AJ215 _____
ORI (Code assigned by DOJ) Authorized Applicant Type _____

Volunteer: School Site: _____
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) _____

Contributing Agency Information:

Rescue Union School Dist _____ 01973 _____
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)

2390 Bass Lake Road _____ Karen Schudy _____
Street Address or P.O. Box Contact Name (mandatory for all school submissions)

Rescue _____ CA 95762 _____ 5306724816 _____
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 _____

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

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 _____