



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

AJ215  
ORI (Code assigned by DOJ)

Volunteer/VCA  
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:

Rescue Union School District  
Agency Authorized to Receive Criminal Record Information

2390 Bass Lake Road  
Street Address or P.O. Box

Rescue  
City

CA  
State

95672  
ZIP Code

01973  
Mail Code (five-digit code assigned by DOJ)

Brianna Russell  
Contact Name (mandatory for all school submissions)

(530) 672-4815  
Contact Telephone Number

### Applicant Information:

Last Name

Other Name: (AKA or Alias)

Last Name

Sex ☐ Male ☐ Female ☐ Nonbinary/Unspecified

Date of Birth

Height Weight Eye Color Hair Color

Place of Birth (State or Country) Social Security Number

Home Address Street Address or P.O. Box

First Name Middle Initial Suffix

First Name Suffix

Driver's License Number

Billing Number  
(Agency Billing Number)

Misc. Number  
(Other Identification Number)

City State ZIP Code

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

Applicant Signature

Date

Your Number: \_\_\_\_\_  
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI

(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