

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

ORI: A1865 Type of Application: Volunteer  
Code assigned by DOJ  
Job Title or Type of License, Certification or Permit: Volunteer

### Agency Address Set Contributing Agency:

Rio Linda Elverta Recreation and Park District 06583  
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)  
810 Oak Lane Deann Cater  
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)  
Rio Linda Ca 95673 ( 916 ) 991-8831  
City State Zip Code Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ SEX:  Male  Female Misc. No. BIL - 143653  
Agency Billing Number (if applicable)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. No. \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Street or P.O. Box

Place of Birth: \_\_\_\_\_  
City, State and Zip Code

SOC: \_\_\_\_\_

Your Number: \_\_\_\_\_ Level of Service  DOJ  FBI  
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. \_\_\_\_\_

### Employer: (Additional response for agencies specified by statute)

Employer Name \_\_\_\_\_  
Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)  
City State Zip Code ( ) Agency Telephone No. (Optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_