

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: Z0001 **Type of Application:** (Check one) Employment License, Certification, Permit Volunteer
Code assigned by DOJ

Job Title of Type of License, Certification of Permit: _____

Agency Address Set Contributing Agency:

Boys & Girls Clubs of Greater Santa Rosa

Agency authorized to receive criminal history information

06159

Mail Code (five digit code assigned by DOJ)

PO Box 2392

Street No. Street or PO Box

(CEO) Dr. Mary Bates

Contact Name (Mandatory for all school submission)

Santa Rosa

City

CA

State

95405

Zip Code

(707) 542-3249

Contact Telephone No.

Name of Applicant:

(Please Print)

Last

First

MI

AKA's:

Last

First

CDL No.

DOB:

SEX: Male Female

Misc. No. BIL -

143302

Agency Billing Number (if applicable)

HT:

WT:

Misc. No.

EYE Color:

HAIR Color:

Home Address: (Applies only if Youth Org/HRA or Public Utility Submission)

POB:

Street or PO Box

SOC:

City, State and Zip Code

Your Number:

OCA No. (Agency Identifying No.)

Level of Service DOJ

FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing and Department of Corporation submissions only)

Employer Name _____

Street No. _____

Street of PO Box _____

Mail Code (five digit code assigned by DOJ) _____

City _____

State _____

Zip Code _____

() _____

Agency Telephone No. (Optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency _____

ATI No. _____

Amount Collected/Billed _____