

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A8803 Code assigned by DOJ Type of Application: Volunteer Youth Orig.
Job Title or Type of License, Certification or Permit: Volunteer

Agency Address Set Contributing Agency: RCYSL
Agency authorized to receive criminal history information: 10658
Street No. 40 9201 Street or PO Box Sungold Way
City Sacramento CA 95826
Contact Name (Mandatory for all school submissions)
Contact Telephone No.

Name of Applicant: (Please print) Last First MI
Alias: Last First Driver's License No.
Date of Birth: Sex: Male Female Misc. No. BIL - Agency Billing Number
Height: Weight: Misc. No.
Eye Color: Hair Color: Home Address: Street or PO Box
Place of Birth: City, State and Zip Code
SOC:

Your Number: NSC-15 OCA No. (Agency Identifying No.)
Level of Service [X] DOJ [] FBI
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: Name of Operator Date:
Transmitting Agency ATI No. Amount Collected / Billed