



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

Z0001 cori access - employee/volunteer
 ORI (Code assigned by DOJ) Authorized Applicant Type

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

Contributing Agency Information:

District 4 A-1 Lion's Camp Pacifica Agency Authorized to Receive Criminal Record Information 3320 Harbor Drive Street Address or P.O. Box Atwater CA 95340 City State ZIP Code	05511 Mail Code (five-digit code assigned by DOJ) Dorelia Heller Contact Name (mandatory for all school submissions) (209) 777-1390 Contact Telephone Number
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Applicant Information:

Last Name _____ Other Name (AKA or Alias) Last _____ Date of Birth _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female 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 _____ Suffix _____ Driver's License Number _____ Billing Number _____ <small>(Agency Billing Number)</small> Misc. Number _____ <small>(Other Identification Number)</small> City _____ State _____ ZIP Code _____
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Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
 (Must provide proof of rejection)

Original ATI Number _____

Employer (Additional response for agencies specified by statute):

XXX Employer Name Street Address or P.O. Box City _____ State _____ ZIP Code _____	Mail Code (five digit code assigned by DOJ) Telephone Number (optional) _____
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Live Scan Transaction Completed By:

Name of Operator _____	Date _____
Transmitting Agency _____	LSID _____
ATI Number _____	Amount Collected/Billed _____