



# REQUEST FOR LIVE SCAN SERVICE

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## Applicant Submission

AL112 Employee 11105.3PC  
 ORI (Code assigned by DOJ) Authorized Applicant Type

Summer Camp Temporary Employee

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

### Contributing Agency Information:

Olympus Sports Coliseum 21633  
 Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)

4500 Pell Drive, Suite B Kristine Spencer  
 Street Address or P.O. Box Contact Name (mandatory for all school submissions)

Sacramento CA 95838  
 City State ZIP Code 9165488574  
Contact Telephone Number

### Applicant Information:

Last Name First Name Middle Initial Suffix

Other Name (AKA or Alias) Last First Suffix

Date of Birth Sex  Male  Female Driver's License Number

Height Weight Eye Color Hair Color  
Billing Number  
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number Misc. Number  
(Other Identification Number)

Home Address Street Address or P.O. Box City State ZIP Code

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):

Employer Name Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code Telephone Number (optional)

### Live Scan Transaction Completed By:

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed