

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A2492	Type of Application: Volunteer		
Code assigned by DOJ _____			
Job Title or Type of License, Certification or Permit: _____			
Agency Address Set Contributing Agency:			
School on Wheels, Inc.		08498	
Agency authorized to receive criminal history Information		Mail Code (five digit code assigned by DOJ)	
PO Box 2283		Agnes Stevens	
Street No. Malibu	Street or P.O. Box CA	Contact Name (Mandatory for all school submissions)	
90265	90265	(310) 589- 2642	
City	State	Zip Code	Contact Telephone No..
Name of Applicant: _____			
(please print) Last		First	MI
Alias: Last		First	Driver's License No. _____
Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. Bil - _____	PERSON MUST PAY
		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	<input checked="" type="checkbox"/> DOJ	<input checked="" type="checkbox"/> FBI
OCA No. (Agency Identifying No.)			
If resubmission. list Original ATI No. _____			
Employer: (Additional response for agencies specified by statute)			
Employer Name _____			
Street No. _____		Mail Code (five digit code assigned by DOJ)	
Street or P.O. Box _____		() _____	
City	State	Zip Code	Agency Telephone No. (optional)
Live Scan Transaction Completed By: _____		Date: _____	
Name of Operator			
Transmitting Agency		ATI No.	Amount Collected/Billed