



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

A2383 \_\_\_\_\_  
ORI (Code assigned by DOJ) **EMPLOYEE** **VOLUNTEER** **CONTRACTOR**  
Authorized Applicant Type

BACR CODING \_\_\_\_\_  
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - If assigned by DOJ, use exact title assigned)

Contributing Agency Information:  
BAY AREA COMMUNITY RESOURCES \_\_\_\_\_  
Agency Authorized to Receive Criminal Record Information  
02250 \_\_\_\_\_  
Mail Code (five-digit code assigned by DOJ)  
171 CARLOS DRIVE \_\_\_\_\_  
Street Address or P.O. Box  
JESSICA HINOJOZA \_\_\_\_\_  
Contact Name (mandatory for all school submissions)  
SAN RAFAEL \_\_\_\_\_ CA \_\_\_\_\_ 94903 \_\_\_\_\_  
City State ZIP Code  
5105593018 \_\_\_\_\_  
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  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_  
Place of Birth (State or Country) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Driver's License Number \_\_\_\_\_  
Billing Number 144620 \_\_\_\_\_  
(Agency Billing 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 the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the 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 \_\_\_\_\_