

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A3338 Type of Application: Child Abuse Prevention Center Volunteer
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Child Abuse Prevention Center Volunteer

Agency Address Set Contributing Agency:

<u>Child Abuse Prevention Center</u>		<u>04109</u>
Agency authorized to receive criminal history information		Mail Code (five digit code assigned by DOJ)
<u>4700 Roseville Road, Suite 102</u>		<u>Jessica Warren</u>
Street No.	Street or P.O. Box	Contact Name (Mandatory for all school submissions)
<u>North Highlands, CA 95660</u>		(<u>916</u>) <u>244-1904</u>
City	State	Zip Code
		Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI

Alias: _____ Driver's License No. _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. BIL - 141489
Agency Billing Number

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: _____
OCA No. (Agency Identifying No.)

Level of Service DOJ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name _____

Street No.	Street or P.O. Box	Mail Code (five digit code assigned by DOJ)
_____		_____
City	State	Zip Code
_____		() _____
		Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____