



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

A6856 Volunteer  
 ORI (Code assigned by DOJ) Authorized Applicant Type

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

#### Contributing Agency Information:

Rose Drive Friends Church A07293  
 Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)

4221 Rose Drive Kari Wallace  
 Street Address or P.O. Box Contact Name (mandatory for all school submissions)

Yorba Linda CA 92886  
 City State ZIP Code 7145286496  
Contact Telephone Number

#### Applicant Information:

Last Name First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name First Name Suffix

Sex  Male  Female

Date of Birth 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

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

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

Street Address or P.O. Box Telephone Number (optional)

City State ZIP Code Mail Code (five digit code assigned by DOJ)

#### Live Scan Transaction Completed By:

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed