



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AW211

ORI (Code assigned by DOJ)

Volunteer VCA

Authorized Applicant Type

Church or Ministry Goes Here

Volunteer

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

Contributing Agency Information:

Central California Conference of Seventh Day Adventists

Agency Authorized to Receive Criminal Record Information

29788

Mail Code (five-digit code assigned by DOJ)

2820 Willow Ave

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Clovis

City

CA

State

93612

ZIP Code

(559) 347-3047

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 NA

(Agency Billing Number)

Misc.

Number NA

(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 Sign

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

Complete this section

Church or Ministry Goes Here

Do Both!