



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

(1) AY115 (2) VOLUNTEER  
 ORI (Code assigned by DOJ) Authorized Applicant Type

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

#### Contributing Agency Information:

(4) CALVARY CHAPEL SANTEE (5) 31771  
 Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)

10920 SUMMIT AVE (6) STACI ORTIZ / Custodian of Record  
 Street Address or P.O. Box Contact Name (mandatory for all school submissions)

SANTEE CA 92071 619-258-1946  
 City State ZIP Code Contact Telephone Number

#### Applicant Information:

(7)  
 Last Name First Name Middle Initial Suffix

Other Name: (AKA or Alias)  
 Last Name First Name Suffix

Date of Birth Sex  Male  Female Driver's License Number

Height Weight Eye Color Hair Color  
 Billing Number (8) 164245  
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number Misc. Number  
(Other Identification Number)

Home (9) City State ZIP Code  
 Address Street Address or P.O. Box

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

\_\_\_\_\_  
Applicant Signature Date

Your Number: (10) (11)  
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: (12)  
 (Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute):  
 (13)  
 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 (14) ATI Number Amount Collected/Billed