

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A6216		Type of Application: VOLUNTEER	
Job Title of Type of License, Certification or Permit: _____			
Agency Address Set Contributing Agency:			
Girl Scouts of Northern California		06521	
Agency Authorized to receive criminal history information		Mail Code (five digit code assigned by the DOJ)	
1310 S. Bascom Avenue		Janice Stone	
Street No.	Street or O.O. Box	Contact Name (Mandatory for all school sub.)	
San Jose	CA	(408) 287-4170	
City	State	Contact Telephone No.	
	95128		
	Zip Code		
Name of Applicant: _____			
(please print)	Last	First	MI
Alias: _____		Driver's License No. _____	
	Last	First	
Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL - _____	
		Agency Billing No.	
Height: _____	Weight: _____	Misc. No: _____	
Eye Color: _____	Hair Color: _____	Home Address: _____	
		Street or P.O. Box	
Place of Birth: _____		City, State and Zip Code	
SOC: _____	Phone: _____	#Years at Address	
Your Number: _____		Level of Service <input checked="" type="checkbox"/> DOJ <input type="checkbox"/> FBI	
OCA NO. (Agency Identifying No.)			
If Resubmission, list Original ATI No. _____			
Employer: (Additional response for agencies specified by statute)			
Employer Name _____			
Street No.	Street of 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: _____	
Transmitting Agency		ATI NO.	
		Amount Collected/Billed	