

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A6216 Type of Application: VOLUNTEER
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

<u>Girl Scouts of Santa Clara County</u> Agency authorized to receive criminal history information		<u>06521</u> Mail Code (five digit code assigned by DOJ)
<u>1310 South Bascom Avenue</u> Street No. Street or P.O. Box		<u>JoAnne Neil</u> Contact Name (Mandatory for all school submissions)
<u>San Jose</u> City	<u>CA</u> State	<u>95128</u> Zip Code
		<u>(408) 287-4170</u> 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** - _____
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: _____ Level of Service DOJ 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 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
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