



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

A4813 \_\_\_\_\_ Volunteer with CACI  
ORI (Code assigned by DOJ) \_\_\_\_\_ Authorized Applicant Type

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

#### Contributing Agency Information:

CASA of Santa Cruz County \_\_\_\_\_ 02462  
Agency Authorized to Receive Criminal Record Information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ)

813 Freedom Blvd. \_\_\_\_\_ Fred Koehler  
Street Address or P.O. Box \_\_\_\_\_ Contact Name (mandatory for all school submissions)

Watsonville \_\_\_\_\_ CA 95076 \_\_\_\_\_  
City \_\_\_\_\_ State ZIP Code \_\_\_\_\_ Contact Telephone Number

#### Applicant Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_

Other Name \_\_\_\_\_ First \_\_\_\_\_ Suffix \_\_\_\_\_  
(AKA or Alias) Last

Date of Birth \_\_\_\_\_ Sex  Male  Female \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_  
Billing Number N/A \_\_\_\_\_  
(Agency Billing Number)

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

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Street Address or P.O. Box

Your Number: \_\_\_\_\_  
OCA Number (Agency Identifying Number)

Level of Service:  DOJ  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 \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Telephone Number (optional) \_\_\_\_\_

#### Live Scan Transaction Completed By:

Name of Operator \_\_\_\_\_ Date \_\_\_\_\_

Transmitting Agency \_\_\_\_\_ LSID \_\_\_\_\_ ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_