



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AA695 ORI (Code assigned by DOJ) Volunteer Helper Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) Contributing Agency Information: POMONA HOPE Agency Authorized to Receive Criminal Record Information 401 N. Gibbs Street Street Address or P.O. Box Pomona CA 91767 City State Zip Code	Volunteer Authorized Applicant Type 12034 Mail Code (five-digit code assigned by DOJ) Lisa Drake Contact Name (mandatory for all school submissions) (909) 629-1781 Contact Telephone Number
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Applicant Information:

Last Name Other Name (AKA or Alias) Last Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth Height Weight Eye Color Hair Color Place of Birth (State or Country) Social Security Number Home Address Street Address or P.O. Box	<table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">First Name</td> <td style="width: 15%;">Middle Initial</td> <td style="width: 15%;">Suffix</td> </tr> <tr> <td>First Name</td> <td></td> <td>Suffix</td> </tr> </table> Driver's License Number Billing Number n/a <small>(Agency Billing Number)</small> Misc. Number n/a <small>(Other Identification Number)</small> City State Zip Code	First Name	Middle Initial	Suffix	First Name		Suffix
First Name	Middle Initial	Suffix					
First Name		Suffix					

Your Number: _____ <small>OCA Number (Agency Identification Number)</small>	Level of Service: <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI
If re-submission, list 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 City State Zip Code	Mail Code (five-digit code assigned by DOJ) Telephone Number (optional)
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Live Scan Transaction Completed By:

Name of Operator Transmitting Agency	Date ATISID	ATI Number Amount Collected/Billed
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