

## REQUEST FOR LIVE SCAN SERVICE

Applicant Submission						
A3044 ORI (Code assigned by DOJ)			Employee - Private Scho	Employee - Private School or Volunteer - Private School  Authorized Applicant Type		
Employee (or position title su	ch as Principal, 1	Teacher, Registrar,				
	• •		ers - if assigned by DOJ, use exact title assigne	d)		
Contributing Agency Informa Northern California		e of SDA	03279		_	
Agency Authorized to Receive Crin  2100 Douglas Blvd.  Street Address or P.O. Box	_	_	Mail Code (five-digit code ass Coreen A Hicks Contact Name (mandatory for			
Roseville		CA 95661	(916) 886-5645			
City	Stat	e ZIP Code	Contact Telephone Number			
Applicant Information:						
Last Name			First Name	Middle Initial	Suffix	
Other Name (AKA or Alias) Last		DH	First		Suffix	
Date of Birth	Sex Male	Female	Onver's License Number			
Height Weight	Eye Color	HairColor	Number 141139 (Agency Billing Number	0		
Place of Birth (State or Country)	sal Security	y Number	Misc. Number (Other Identification N			
Home Address Street Address or P.O. B	ox		City	State ZIP Code	е —	
Your Number:    Your School's Name				Level of Service: X DOJ X FBI  (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI)		
lf re-submission, list original (Must provide proof of reject			Original ATI Number	Original ATI Number		
Employer (Additional respon	se for agencies	specified by statut	e):			
Employer Name			Mail Code (five digit code ass	igned by DOJ)		
Street Address or P.O. Box						
City	State	ZIP Code	Telephone Number (optional)			
Live Scan Transaction Comp	pleted By:					
Name of Operator			Date			
Transmitting Agency	LSID		ATI Number	Amount Collected/Billed		



## REQUEST FOR LIVE SCAN SERVICE

Applicant Submission			
A3044 ORI (Code assigned by DOJ)	Authorized Applicant Type		
Type of License/Certification/Permit OR Working Title (Maximum 30 characters -	if assigned by DOJ, use exact title assigned)		
Contributing Agency Information: Northern California Conference of SDA	03279		
Agency Authorized to Receive Criminal Record Information  2100 Douglas Blvd. (P.O. Box 619015)  Street Address or P.O. Box	Mail Code (five-digit code assigned by I Coreen A Hicks Contact Name (mandatory for all schoo		
$\frac{\text{Roseville}}{\text{City}} \qquad \frac{\text{CA}}{\text{State}} \; \frac{95661}{\text{ZIP Code}}$	(916) 886-5645 Contact Telephone Number		
Applicant Information:			
Last Name	First Name	Middle Initial Suffix	
Other Name (AKA or Alias) Last	First	Suffix	
Date of Birth Sex Male Female	Driver's License Number		
Height Eye Color Hair Color	Number 141139 (Agency Billing Number)		
Place of Birth (State or Country) Social Security Number	Number (Other Identification Number)		
Home Address Street Address or P.O. Box	City	State ZIP Code	
Your Number: Orangevale Adventist School  OCA Number (Agency Identifying Number)	Level of Service: X DOJ X 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: (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	