

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: <u>AC740</u> Code assigned by DOJ	Type of Application: <u>Volunteer</u>
Job Title of Type of License, Certification or Permit: <u>Volunteer</u>	

Agency Address Set Contributing Agency: <u>ROTARY DISTRICT FIFTY-ONE FIFTY</u>		<u>13794</u>
Agency authorized to receive criminal history information		Mail Code (five digit code assigned by DOJ)
<u>PO BOX 1332</u>	<u>District Abuse Prevention Coordinator</u>	
Street No.	Street or P.O. Box	Contact Name (Mandatory for all school submissions)
<u>MENLO PARK, CA</u>	<u>94026</u>	<u>650-286-3315</u>
City	State	Zip Code
		Contact Telephone No.

Name of Applicant: _____ (please print) Last First MI			
Alias: _____	Driver's License No. _____		
D.O.B.: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL- <u>N/A</u>	Agency Billing Number (if applicable)
Height: _____	Weight: _____	Misc. No: <u>N/A</u>	
Eye Color: _____	Hair Color: _____	Home Address: _____	Street or P.O. Box
Place of Birth: _____	City, State and Zip Code		
SOC: _____	Club: _____		

Your Number: <u>N/A</u>	Level of Service: <input checked="" type="checkbox"/> DOJ <input type="checkbox"/> FBI
OCA No. (Agency Identifying No.)	
If resubmission, list Original ATI No. <u>N/A</u>	

Employer: (Additional response for agencies specified by statute) <u>N/A</u>			
Employer Name <u>N/A</u>			
Street No. <u>N/A</u>	Street or P.O. Box	<u>N/A</u>	Mail Code (five digit code assigned by DOJ)
City <u>N/A</u>	State	Zip Code	() <u>N/A</u> Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____		Date: _____
Name of Operator		
Transmitting Agency _____	ATI No. _____	Amount Collected/Billed _____

Original - Send completed application and signed affidavit to District 5150 P.O. Box
Second Copy - Applicant