



### REQUEST FOR LIVE SCAN SERVICE

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#### Applicant Submission

AF321  
ORI (Code assigned by DOJ)

Cori Access - Employee/Volunteer  
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:

**District 4-A1 Lion's Camp Pacifica**  
Agency Authorized to Receive Criminal Record Information  
**3320 Harbor Drive**  
Street Address or P.O. Box  
**Atwater,** **CA** **95301**  
City State ZIP Code

**05511**  
Mail Code (five-digit code assigned by DOJ)  
**Dorella Heller**  
Contact Name (mandatory for all school submissions)  
**209-777-1390**  
Contact Telephone Number

#### Applicant Information:

Last Name \_\_\_\_\_  
Other Name (AKA or Alias) Last \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex  Male  Female  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_  
Place of Birth (State or Country) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Home Address Street Address or P.O. Box \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_  
First \_\_\_\_\_ Suffix \_\_\_\_\_  
Driver's License Number \_\_\_\_\_  
Billing Number \_\_\_\_\_  
(Agency Billing Number)  
Misc. Number \_\_\_\_\_  
(Other Identification Number)  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

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):

**XXX**  
Employer Name \_\_\_\_\_  
Street Address or P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Mail Code (five digit code assigned by DOJ) \_\_\_\_\_  
Telephone Number (optional) \_\_\_\_\_

#### Live Scan Transaction Completed By:

Name of Operator \_\_\_\_\_  
Transmitting Agency \_\_\_\_\_ LSID \_\_\_\_\_

Date \_\_\_\_\_  
ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_