



REQUEST FOR LIVE SCAN SERVICE

Print Form

Reset Form

Applicant Submission

A2588
 ORI (Code assigned by DOJ) _____ Authorized Applicant Type _____
 C.E.R.T. VOLUNTEER
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) _____
 Contributing Agency Information:
 CITY OF MANHATTAN BEACH, VOLUNTEER CO-ORD.
 Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ) _____
 420 15TH STREET _____ Contact Name (mandatory for all school submissions) _____
 Street Address or P.O. Box _____
 MANHATTAN BEACH CA 90266 _____
 City State ZIP Code _____ 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 _____ Weight _____ Eye Color _____ Hair Color _____ Billing Number _____
 (Agency Billing Number)
 Place of Birth (State or Country) _____ Social Security Number _____ Misc. Number _____
 (Other Identification Number)
 Home Address Street Address or P.O. Box _____ 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):

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 _____