



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AV419
ORI (Code assigned by DOJ)

Volunteer/VCA
Authorized Applicant Type

Vol
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

CAYOWEST PARK JR PANTHERS
Agency Authorized to Receive Criminal Record Information

28110
Mail Code (five-digit code assigned by DOJ)

2401 High School Rd
Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Roseville CA 95747
City State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name First Name Suffix

Sex ☐ Male ☐ Female ☐ Nonbinary/Unspecified

Date of Birth Driver's License Number

Height Weight Eye Color Hair Color Billing Number N/A
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number Misc. Number N/A
(Other Identification Number)

Home Address Street Address or P.O. Box City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☐ 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):

N/A
Employer Name

N/A
Street Address or P.O. Box Telephone Number (optional)

N/A N/A 28110
City State ZIP Code Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Tammie Cruz
Name of Operator Date

Greater Placer Notary & Live Scan
Transmitting Agency LSID ATI Number Amount Collected/Billed