



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ) A2916 Authorized Applicant Type Volunteer

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

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information SANTA BARBARA Foursquare Mail Code (five-digit code assigned by DOJ) 09090

Street Address or P.O. Box 50 E. Alamar Contact Name (mandatory for all school submissions) Amy SWANSON

City SANTA BARBARA CA State ZIP Code 93105 Contact Telephone Number 805-284-2854

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name: (AKA or Alias)

Last Name _____ First Name _____ Suffix _____

Sex Male Female

Date of Birth _____ Driver's License Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Billing Number _____

Place of Birth (State or Country) _____ Social Security Number _____ Misc. 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: _____ Level of Service: DOJ FBI
OCA Number (Agency Identifying Number)
(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 _____

Street Address or P.O. Box _____ Telephone Number (optional) _____

City _____ State ZIP Code _____ Mail Code (five digit code assigned by DOJ) _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____