



Volunteer

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0508

School Volunteer

ORI (Code assigned by DOJ)

Authorized Applicant Type

Volunteer

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

Contributing Agency Information:

Capistrano Unified School District

01576

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

33122 Valle Road

Robert Miller

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

San Juan Capistrano

CA 92675

(949) 234-9380

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 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

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 Operator

Date

Transmitting Agency LSID

ATI Number

\$ Amount Collected/Billed