



- SAMPLE -

REQUEST FOR LIVE SCAN SERVICE **Print 3 copies**

Applicant Submission

A9601 Volunteer
ORI (Code assigned by DOJ) Authorized Applicant Type

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

Contributing Agency Information:

Alisa Ann Ruch Burn Foundation 11253
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)

2501 W. Burbank Blvd, Suite 201 Sarah Burton
Street Address or P.O. Box Contact Name (mandatory for all school submissions)

Burbank CA 91505 (415) 495-7223
City State ZIP Code Contact Telephone Number

Applicant Information:

Your Information
Last Name First Name Middle Initial Suffix

Here
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
(Other Identification Number)

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

Your Number: Leave Blank Level of Service: DOJ FBI
OCA Number (Agency Identifying Number)

↑ If out of state, Please check both DOJ and FBI

If re-submission, list original ATI number: Original ATI Number
(Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):

Leave Blank Mail Code (five digit code assigned by DOJ)
Employer Name

Street Address or P.O. Box

City State ZIP Code Telephone Number (optional)

Live Scan Transaction Completed By:

Leave Blank

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed

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