



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AC 307 _____ VOLUNTEER _____
 ORI (Code assigned by DOJ) _____ Authorized Applicant Type _____
 CHILDREN'S CHURCH VOLUNTEER _____
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) _____

Contributing Agency Information:

GREATER COVINA VINEYARD COMMUNITY CHURCH _____ 13411 _____
 Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ) _____
 718 S. GRAND AVENUE _____ ABIGAIL GAINES _____
 Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions) _____
 GLENDORA _____ CA 91740 _____ (626) 736-5302 _____
 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 ON VINEYARD CHURCH GLENDORA ACCOUNT _____
 _____ (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: _____ Level of Service: DOJ FBI
 OCA Number (Agency Identifying Number) _____

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

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 _____