

## **REQUEST FOR LIVE SCAN SERVICE**

ORI (consequent by DOJ) Employee Employ	Applicant Submission	
Employee Type of License/Certification/Permit QR Working Title (Maximum 30 characters - Flassgreet by DOJ), Jan sead 15e Assigned) Contributing Agency Information:  A Better Tornorrow Education Agency Authorized to Receive Criminal Record Information Hard Tode (Mev-digit code assigned by DOJ) Hard Tode (Mev-digit code assigned by DOJ) Hard Lo. Vasquez Contact Name (Internation) Size Address or P.O. Box  La Mirada  CA 90638 City Slate ZIP Code  Contact Name (Internation) Last Name  Pirst Name  Middle Initial Suffix  Differ Meight Weight Eye Color Hair Color Number  Place of Birth (State or Country) Social Security Number  Merce Number  City Slate ZIP Code  City Slate ZIP Code  Level of Service:  DOJ X FBI  Level of Service:  DOJ X FBI  Level of General Actives assigned by DOJ)  Hard Code (five digit code assigned by DOJ)  Level of Service:  DOJ X FBI  Mail Code (five digit code assigned by DOJ)  Level of General Actives assigned by DOJ)  State ZIP Code  Mail Code (five digit code assigned by DOJ)  Level of Service:  DOJ X FBI  Level of General Active assigned by DOJ)  Level of Service:  DOJ X FBI  Level of General Active assigned by DOJ)  Level of General Active designed by DOJ)  Street Address or P.O. Box  City State ZIP Code  Telephone Number (optional)	AF605	
Type of Disnase/Cartification/Permit QR Working Title (Museumus 30 characters - 16 suspensive)  A Better Tomorrow Education Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)  14730 Beach Blvd, Suite #203  14740 S22-1800  14740 522-1800  14740 522-1800  14740 522-1800  14740 S22-1800  15740 Suite Mindel Indial Suiffix  15741 Suite Sui		
A Better Tomorrow Education Agency Authorized to Receive Criminal Record Information 14730 Beach Blad, Suite #203 Street Address or P.O. Box La Mirada CA 90838 City State ZIP Code Applicant Information: Last Name Applicant Information: Last Name Cher Name Applicant Information: Sex Male Female Date of Birth Weight Eye Color Hair Color Place of Birth (State or Country) Social Security Number Horne Address Street Address or P.O. Box  Your Number: CCA Number (Agency Identifying Number)  Level of Service: DOJ X FBI Configural ATI Number (Must provide proof of rejection)  Employer (Additional response for agencies specified by statute):  Employer Agency Identifying Number  Mail Code (five digit code assigned by DOJ)  Telephone Number (optional)  Mail Code (five digit code assigned by DOJ)  Telephone Number (optional)  Mail Code (five digit code assigned by DOJ)  Telephone Number (optional)  Level Scan Transaction Completed By:  Name of Operator	Type of License/Certification/Permit <u>OR</u> Working Title (Maximum 30 characte	ers - if assigned by DOJ, use exact title assigned)
Agency Authorized to Receive Crimnal Record Information 14730 Beach Blvd., Suite #203 Stock Address or P.O. Box La Mirada CA 90638 City State ZIP Code Contact Name (mandatory for all school submissions)  Contact Name (mandatory for all school submissions)  Contact Name (mandatory for all school submissions)  Contact Name (mandatory for all school submissions)  First Summe Middle Initial Suffix  Suffix  Suffix  Date of Birth Summe (Mandatory Namber)  Miss. Number (Agency Billing Number) Miss. Number (Other Identification Number)  City State ZIP Code  Telephone Number (optional)  Telephone Number (optional)  Level of Service: X DOJ X FBI  Mail Code (five digit code assigned by DOJ)  Mail Code (five digit code assigned by DOJ)  Telephone Number (optional)  Level Scan Transaction Completed By:  Name of Operator  Date:	Contributing Agency Information:	
Agency Authorized to Receive Crimmal Record Information  14730 Beach Bivd., Suite #203  La Mirada  CA 90638 City Slate ZIP Code  Applicant Information:  Last Name  First Name  First Name  Middle Initial  Suffix  Weight  Eye Color Hair Color  Number  Misc.  Number  Misc.  Number  (Agency Birgh Number)  Misc.  Number  (Agency Birgh Number)  Misc.  Number  (Agency Birgh Number)  Misc.  (Agency Birgh N	A Better Tomorrow Education	
Contact Name (mandatory for all school submissions)	Agency Authorized to Receive Criminal Record Information	Mail Code (five-digit code assigned by DOJ)
La Mirada CA State ZIP Code Contact Telephone Number  Applicant Information:  Last Name   First Name   Middle Initial   Surfix    Other Name   CAXA or Allae   CAXA or Allae    CAXA or Allae   Last   First    CAXA or Allae   Last   Cax   Male   Female    Date of Birth   Sex   Male   Female   Driver's License Number    Billing   Number   Caparop Birth (State or Country)   Social Security Number   Misc.    Place of Birth (State or Country)   Social Security Number   City   State   ZIP Code    Your Number:   Coth Number (Agency Identifying Number)    If re-submission, list original AT1 number:   Original AT1 number    (Must provide proof of rejection)    Employer (Additional response for agencies specified by statute):    Employer (Additional response for State   ZIP Code    Telephone Number (optional)    Live Scan Transaction Completed By:    Name of Operator   Date   Date   Date    Date   Date   Date   Date   Date   Date    Date   Date   Date   Date   Date   Date   Date    Date   Date   Date   Date   Date   Date   Date    Date   Da		
Contact Information:  Lest Name    First Name   Middle Initial   Suffix		
Applicant Information:  Last Name   First Name   Middle Initial   Suffix  Other Name (AKA or Alias) Last   Suffix    Date of Birth   Sex   Maile   Female   Driver's License Number    Height   Weight   Eye Color   Hair Color   Maks., Number   (Other Identification Number)    Home   Address   Street Address or P.O. Box   City   State   ZiP Code    If re-submission, list original ATI number: (Must provide proof of rejection)    Employer (Additional response for agencies specified by statute):  Employer (Additional response for agencies specified by statute):  Employer Name   Mail Code (five digit code assigned by DOJ)    Live Scan Transaction Completed By:  Name of Operator   Date s.		
East Name		Contact relephone Number
Date of Birth	Applicant Information:	
AKA or Allas) Last    Date of Birth	Last Name	First Name Middle Initial Suffix
Date of Birth		Suffiv
Date of Birth   Weight   Eye Color   Hair Color   Number	(AKA or Alias) Last	FIIST
Height Weight Eye Color Hair Color Misc. Place of Birth (State or Country) Social Security Number  Home Address Street Address or P.O. Box  City State ZIP Code  Your Number:  OCA Number (Agency Identifying Number)  If re-submission, list 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 Telephone Number (optional)  Live Scan Transaction Completed By:  Name of Operator  Date	Date of Birth Sex Male Female	Driver's License Number
Place of Birth (State or Country)  Social Security Number    Misc. Number   (Other Identification Number)	The Color	<u> </u>
Place of Birth (State or Country)  Social Security Number  City  State  ZIP Code  City  State  ZIP Code  Your Number:  CCA Number (Agency Identifying Number)  If re-submission, list 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	Height Weight Eye Color Hair Color	(Agency Billing Number)
Home Address Street Address or P.O. Box  City  State ZIP Code  Your Number:  OCA Number (Agency Identifying Number)  If re-submission, list 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	Place of Righ (State or Country) Social Security Number	
Address Street Address or P.O. Box  City State ZIP Code  Your Number:  OCA Number (Agency Identifying Number)  If re-submission, list 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	Place of Diffit (State of Country)	
Your Number:  OCA Number (Agency Identifying Number)  If re-submission, list 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		State ZID Code
If re-submission, list 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	Address Street Address or P.O. Box	City Citate Lin Code
If re-submission, list 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	N. N. Shari	Level of Service: X DOJ X FBI
If re-submission, list 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	<del></del>	
(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	OCA Multiple (Agains) Identifying Hambon)	
(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	If so submission, list 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 of Operator  Date		Original ATI Number
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	(interpretation processing)	
Street Address or P.O. Box  City State ZIP Code Telephone Number (optional)  Live Scan Transaction Completed By:  Name of Operator Date	Employer (Additional response for agencies specified by statut	e):
Street Address or P.O. Box  City State ZIP Code Telephone Number (optional)  Live Scan Transaction Completed By:  Name of Operator Date		
City State ZIP Code Telephone Number (optional)  Live Scan Transaction Completed By:  Name of Operator  Date	Employer Name	Mail Code (five digit code assigned by DOJ)
City State ZIP Code Telephone Number (optional)  Live Scan Transaction Completed By:  Name of Operator  Date	Street Address or P.O. Box	
Live Scan Transaction Completed By:  Name of Operator  Date  Date		
Name of Operator  Date	City State ZIP Code	Telephone Number (optional)
Name of Operator  Date  Application of Operator	Live Scan Transaction Completed By:	
		Pate Section 1
Transmitting Agency I SID ATI Number Amount Collected/Billed	Name of Operator	
	Transmitting Agency LSID	ATI Number Amount Collected/Billed