



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AF605 Employee 11105.3PC
ORI (Code assigned by DOJ) Authorized Applicant Type

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

Contributing Agency Information:

A Better Tomorrow Education 16707
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)
14730 Beach Blvd., Suite #203 Hario L. Vasquez
Street Address or P.O. Box Contact Name (mandatory for all school submissions)
La Mirada CA 90638 (714) 522-1800
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 (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: _____
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 of Operator Date
Transmitting Agency LSID ATI Number Amount Collected/Billed