



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A7667 _____
 ORI (Code assigned by DOJ) _____

Process Server Registration _____
 Authorized Applicant Type _____

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

Contributing Agency Information:

Yolo County Clerk/Recorder _____
 Agency Authorized to Receive Criminal Record Information _____

09620 _____
 Mail Code (five-digit code assigned by DOJ) _____

PO Box 1130 _____
 Street Address or P.O. Box _____

Kimberli Quam _____
 Contact Name (mandatory for all school submissions) _____

Woodland _____ CA _____ 95776 _____
 City State ZIP Code

5306668130 _____
 Contact Telephone Number _____

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name: (AKA or Alias) _____

Last Name _____ First Name _____ Suffix _____

Sex Male Female

Date of Birth _____ 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 _____

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

_____ Applicant Signature _____ Date _____

Your Number: _____ Level of Service: DOJ FBI
OCA Number (Agency Identifying Number) (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the 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 _____

Street Address or P.O. Box _____ Telephone Number (optional) _____

City _____ State _____ ZIP Code _____ Mail Code (five digit code assigned by DOJ) _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____