



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AK901 Volunteer
 ORI (Code assigned by DOJ) Authorized Applicant Type

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

Contributing Agency Information:

Spirit of Morgan Hill	21402
Agency Authorized to Receive Criminal Record Information	Mail Code (five-digit code assigned by DOJ)
P.O. Box 1102	Tom Evans
Street Address or P.O. Box	Contact Name (mandatory for all school submissions)
Morgan Hill	(408) 722-8543
City	Contact Telephone Number
CA 95038	
State ZIP Code	

Applicant Information:

Last Name	First Name	Middle Initial	Suffix
Other Name (AKA or Alias) Last	First		Suffix
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
Height	Weight	Eye Color	Hair Color
Place of Birth (State or Country)	Social Security Number		
Home Address Street Address or P.O. Box	Driver's License Number		
	Billing Number 155838 <small>(Agency Billing Number)</small>		
	Misc. Number <small>(Other Identification Number)</small>		
	City	State	ZIP Code

Your Number: N/A
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):

N/A	N/A
Employer Name	Mail Code (five digit code assigned by DOJ)
N/A	
Street Address or P.O. Box	
N/A	
City	Telephone Number (optional)
State	
ZIP Code	

Live Scan Transaction Completed By:

Name of Operator	Date
Transmitting Agency	ATI Number
LSID	Amount Collected/Billed