

# Request for Livescan Service - Applicant Submission

Name of Applicant: \_\_\_\_\_  
(Please Print)

Type of Application: (check one)  employment  licensing  certification  permit  volunteer

Position or Job Title: \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

Level of Service Requested:  DOJ  FBI If resubmission, list Original ATI No. \_\_\_\_\_  
(Shown on Reject Notice)

## Personal Descriptor Information - Applicant:

DOB: \_\_\_\_\_ AKA's: \_\_\_\_\_

HT: \_\_\_\_\_ WT: \_\_\_\_\_

SEX:  Male  Female

POB: \_\_\_\_\_

HAIR/Color: \_\_\_\_\_ EYE/Color: \_\_\_\_\_

CDL No: \_\_\_\_\_

SS No: \_\_\_\_\_ Home Address: \_\_\_\_\_

## Contributing Agency:

**SOEAST CONF SDA**

Agency Name

**11330 PIERCE STREET  
RIVERSIDE CA 92505**

City, State and Zip

***Stephanie Matye***

Contact Name

***(951)-509-2313***

Phone No.

FAX No: ***(951)-509-2392*** E-Mail Code: ***03649***

(five-digit unique code as previously assigned by DOJ)

Agency/OCA No.

If Billable:

ORI: ***A3184***

BIL- ***N/A***  
Agency Billing No.

Send additional response to:

Client ID No.

Agency

Address

City, State and Zip

## Livescan Transaction Completed:

Name of Operator \_\_\_\_\_ Terminal No. \_\_\_\_\_ Date \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

ATI No. \_\_\_\_\_  Transmitted to DOJ  Card Printout

