



REQUEST FOR LIVE SCAN SERVICE

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Applicant Submission

AK730 Volunteer / VCA
 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:

Redemption Youth Ranch 21225
 Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)
25089 Troy Road Roxanne Young
 Street Address or P.O. Box Contact Name (mandatory for all school submissions)
Grass Valley CA 95949 5307976621
 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
Place of Birth (State or Country) Social Security Number (Agency Billing Number)
Home Address Street Address or P.O. Box Misc. Number
City State ZIP Code (Other Identification Number)

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