



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0090100

VOLUNTEER

ORI (Code assigned by DOJ)

Authorized Applicant Type

RES NO 8695

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

Contributing Agency Information:

PLACERVILLE POLICE DEPARTMENT

06039

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

730 MAIN STREET

Contact Name (mandatory for all school submissions)

Street Address or P.O. Box

PLACERVILLE

CA

95667

City

State

ZIP Code

5306425259

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Date of Birth Sex Male Female Nonbinary/Unspecified

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number

143753

(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:

OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

(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):

CITY OF PLACERVILLE
Employer Name

3101 CENTER STREET
Street Address or P.O. Box

Telephone Number (optional)

PLACERVILLE
City

CA 95667
State ZIP Code

22516
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