



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

CA0090100

ORI (Code assigned by DOJ)

RES NO 8695

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

VOLUNTEER

Authorized Applicant Type

### Contributing Agency Information:

PLACERVILLE POLICE DEPARTMENT

Agency Authorized to Receive Criminal Record Information

06039

Mail Code (five-digit code assigned by DOJ)

730 MAIN STREET

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

PLACERVILLE

City

CA ☐

State

95667

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:

Original ATI Number

(Must provide proof of rejection)

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 ☐

State

95667

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