



# REQUEST FOR LIVE SCAN SERVICE

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## Applicant Submission

A0448  
ORI (Code assigned by DOJ)

Authorized Applicant Type

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

### Contributing Agency Information:

CA Department of Social Services  
Agency Authorized to Receive Criminal Record Information

03502  
Mail Code (five-digit code assigned by DOJ)

PO Box 94244  
Street Address or P.O. Box

Heather Shreves  
Contact Name (mandatory for all school submissions)

Sacramento Ca 94244  
City State ZIP Code

6619485071  
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 144857  
(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

Your Number: 197492872  
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):

Desert Christian Schools  
Employer Name

00765  
Mail Code (five digit code assigned by DOJ)

44662 15th Street West  
Street Address or P.O. Box

Lancaster Ca 93534  
City State ZIP Code

Telephone Number (optional)

### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed