



REQUEST FOR LIVE SCAN SERVICE

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Applicant Submission

AN869
ORI (Code assigned by DOJ)

Employment / Volunteer
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:

START FRESH ILS, Inc.
Agency Authorized to Receive Criminal Record Information
28015 Smyth Dr Suite 123
Street Address or P.O. Box

24414
Mail Code (five-digit code assigned by DOJ)
BRENT HUFF
Contact Name (mandatory for all school submissions)

VALENCIA ca 91355
City State ZIP Code

8184865712
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 156103
(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: _____
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