



# REQUEST FOR LIVE SCAN SERVICE

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## Applicant Submission

AG197 Employment / Volunteer  
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:

Valley View Church of the Nazarene 171315  
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)  
42338 30th Street West Larry Wolf  
Street Address or P.O. Box Contact Name (mandatory for all school submissions)  
Lancaster C 93536 8184859012  
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 NA  
Place of Birth (State or Country) Social Security Number Number (Agency Billing Number)  
Home Address Street Address or P.O. Box Misc. Number (Other Identification Number)  
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