REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A1822 (Code assigned by DOJ)

Type of Application: EMPLOYMENT

Job Title or Type of License, Certification or Permit: CALIFORNIA CADET CORPS APPOINTMENT

Agency Address Set Contributing Agency:

STATE OF CALIFORNIA, MILITARY DEPARTMENT, YOUTH PROGRAMS
Agency authorized to receive criminal history information

06319
Mail Code (five digit code assigned by DOJ)

10 SONOMA AVE. BLDG 1301
Street No. Street or P.O. Box

Cassandra Simon
Contact Name (Mandatory for all school submissions)

SAN LUIS OBISPO CA 93405
City State Zip Code

(916) 854-3130
Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI

Alias: _____
Last First

Driver's License No. _____

Date of Birth: _____ Sex: ☐ Male ☐ Female

Misc. No. **BIL-** 143434
Agency Billing Number (if applicable)

Height: _____ Weight: _____

Misc. No: N/A

Eye Color: _____ Hair Color: _____

Home Address: _____
Street or P.O. Box

Place of Birth: _____

_____
City, State and Zip Code

SOC: _____

Your Number: YPCACC
OCA No. (Agency Identifying No.)

Level of Service ☑ DOJ ☑ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

( )
Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
Name of Operator

Date: _____

Transmitting Agency

ATI No.

Amount Collected/Billed