



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AD277 Volunteer
ORI (Code assigned by DOJ) Authorized Applicant Type

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

Contributing Agency Information:

Center for Training & Careers (CTC) 14344
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)

749 Story Road Suite 10 Lori Ramos Ehrlich
Street Address or P.O. Box Contact Name (mandatory for all school submissions)

San Jose CA 95122 (408) 251-3165
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 Number 150642
(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: _____ Level of Service: DOJ FBI
OCA Number (Agency Identifying Number)

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