



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A4017 PRIV/SCHOOL
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:

ODYSSEY CHARTER SCHOOL 05318
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)
725 W. ALTADENA DR. LAUREN O'NEILL
Street Address or P.O. Box Contact Name (mandatory for all school submissions)
ALTADENA CA 91001 (626) 229-0993
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 (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