

REQUEST FOR LIVE SCAN SERVICE

Reset Form

Applicant Submission	
AY173	Volunteer/VCA
ORI (Code assigned by DOJ)	Authorized Applicant Type
Volunteer of Children's Choir Type of License/Certification/Permit OR Working Title (Maximum 30 characte	ers - if assigned by DOJ, use exact title assigned)
Contributing Agency Information:	
Northern California Children's Chorus	31838
Agency Authorized to Receive Criminal Record Information	Mail Code (five-digit code assigned by DOJ)
8757 Auburn Folsom Rd 2428	Judy Britts
Street Address or P.O. Box	Contact Name (mandatory for all school submissions)
Granite Bay CA 95746	9162200970
City State ZIP Code	Contact Telephone Number
Applicant Information:	
Last Name	First Name Middle Initial Suffix
Other Name: (AKA or Alias)	
Last Name	First Name Suffix
Sov Charles Charles and Charles and Charles	
Date of Birth Sex Male Female Nonbinary/Unspecified	Driver's License Number
	Billing
Height Weight Eye Color Hair Color	Number (Assaul Billion Number)
	(Agency Billing Number) Misc.
Place of Birth (State or Country) Social Security Number	Number (Other Identification Number)
Home	(Other Identification Number)
Address Street Address or P.O. Box	City State ZIP Code
I have received and read the included Drivery Netice	Drives on Act Otatama and Amelia and Drives on Digita
I have received and read the included Privacy Notice,	Privacy Act Statement, and Applicant's Privacy Rights.
Applicant Signature	Date
Applicant Signature	
Your Number:	Level of Service: X DOJ X FBI
OCA Number (Agency Identifying Number)	(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)
If re-submission, list original ATI	allo diffilmed filosofy rocord illioniation of the FB
number: Original ATI Number	
(Must provide proof of rejection)	
Employer (Additional response for agencies specified by statute)):
Employer Name	
Street Address or P.O. Box	Telephone Number (optional)
Ī▼Ī	, , ,
City	ZIP Code Mail Code (five digit code assigned by DOJ)
Live Scan Transaction Completed By:	
Name of Operator	Date
name of Operator	
Transmitting Agency LSID	ATI Number Amount Collected/Billed