

**REQUEST FOR LIVESCAN SERVICE - APPLICANT SUBMISSION**  
**State of California/Department of Justice**

**AORI Number:**   A0318   **Type of Application (circle one):**  
 Employee 11105(b)(11)PC   Volunteer   Park & Rec Vol/VCA  
 Peace Officer/Auxiliary   Non-Sworn LEA Personnel

**JOB TITLE** \_\_\_\_\_ (No Working Titles)

**Agency Address Set Contributing Agency:**

<b>Stanislaus County Chief Executive Office</b>	<b>03609</b>
Agency Authorized to Receive Criminal History Info	Mail code (5-digit) DOJ
<b>1010 10TH Street, STE 6800</b>	<b>Arielle Arias</b>
Street #, etc.	Agency Contact
<b>Modesto, CA 95354</b>	<b>(209) 525-6341</b>
City, State and Zip	Contact Phone

**Name of Applicant**

Please Print \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

**Aliases** \_\_\_\_\_ **Driver's Lic. No.** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_ **Misc. No. BIL:**   140909    
Agency Billing #

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Misc. Number** \_\_\_\_\_  
  HOME ADDRESS  

**Eye Color** \_\_\_\_\_ **Hair Color** \_\_\_\_\_  
Street No./Street Name/P.O. Box

**Place of Birth** \_\_\_\_\_  
City, State and Zip

**Social Security #** \_\_\_\_\_

**Your Number/Dept Org/Fund #** \_\_\_\_\_ **Level of Service:** DOJ   FBI   Firearms  
 Circle **ALL** that apply

**Department Name:** \_\_\_\_\_

If re-submission, list Original ATI # \_\_\_\_\_

**Employer: Department HR Contact Info**

**Employer Name** \_\_\_\_\_  
 \_\_\_\_\_  
Street No, Street Name or P.O. box **03609**  
Mail Code (5 digit - DOJ)  
 \_\_\_\_\_ ( ) \_\_\_\_\_  
City, Ste and Zip Code Agency Telephone # (optional)

**Live Scan Completed by:** \_\_\_\_\_ **Date** \_\_\_\_\_  
Name of Operator

\_\_\_\_\_  
Transmitting Agency ATI #: Amount Collected/Billed