

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:

Stanislaus County Chief Executive Office **03609**
Agency Authorized to Receive Criminal History Info Mail code (5-digit) DOJ
1010 10TH Street, STE 6800 **Tina von Stade**
Street #, etc. Agency Contact
Modesto, CA 95354 **(209) 525-6333**
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: _____
Name of Operator Date

Transmitting Agency ATI #: Amount Collected/Billed