

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
<small>Agency Authorized to Receive Criminal History Info</small>	<small>Mail code (5-digit) DOJ</small>
1010 10TH Street, STE 6800	Patsy Chmielecki
<small>Street #, etc.</small>	<small>Agency Contact</small>
Modesto, CA 95354	(209) 525-6341
<small>City, State and Zip</small>	<small>Contact Phone</small>

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

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