



REQUEST FOR LIVE SCAN SERVICE

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Applicant Submission

AA585
ORI (Code assigned by DOJ)

Volunteer

Employment
Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Hands of Hope
Agency Authorized to Receive Criminal Record Information

11929
Mail Code (five-digit code assigned by DOJ)

P.O. Box 88
Street Address or P.O. Box

Rick Millhollin
Contact Name (mandatory for all school submissions)

Yuba City Ca 95991
City State ZIP Code

5307553491
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

Height Weight Eye Color Hair Color

Place of Birth (State or Country) Social Security Number

Driver's License Number

Billing Number N/A (Agency Billing Number)

Misc. Number N/A (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):

N/A
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