



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A8875 _____ VOLUNTEER _____
ORI (Code assigned by DOJ) Authorized Applicant Type

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

Contributing Agency Information:

MILPITAS POLICE DEPARTMENT _____ 05100 _____
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)

1275 N. MILPITAS BLVD _____ SGT. JASON SPECKENHEUER / PCR _____
Street Address or P.O. Box Contact Name (mandatory for all school submissions)

MILPITAS _____ CA _____ 95035 _____ (408) 586-2527 _____
City State ZIP Code Contact Telephone Number

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name _____ First _____ Suffix _____
(AKA or Alias) Last

Date of Birth _____ Sex Male Female _____ Driver's License Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Billing Number 142005 _____
(Agency Billing Number)

Place of Birth (State or Country) _____ Social Security Number _____ Misc. Number _____
(Other Identification Number)

Home Address _____ City _____ State _____ ZIP Code _____
Street Address or P.O. Box

Your Number: _____ Level of Service: DOJ 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 number: _____ Original ATI Number _____
(Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):

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 _____