



REQUEST FOR LIVE SCAN SERVICE (California Volunteer and Employee Criminal History Service)

Applicant Submission

AAI36 _____ VECHS/VOLUNTEER11105.3PC (92249)
ORI (Code assigned by DOJ) _____ Authorized Applicant Type

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

Contributing Agency Information:

Coachella Valley Youth Golf Foundation _____ 34568
Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ)

45305 Oasis Street _____ Joy Grant
Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions)

Indio _____ CA _____ 92201 _____ (760) 834-6792
City _____ State _____ ZIP Code _____ Contact Telephone Number

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name: (AKA or Alias)

Last Name _____ First Name _____ Suffix _____

Sex Male Female

Date of Birth _____ Driver's License Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____
Billing Number _____

(Agency Billing Number)

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

(Other Identification Number)

Address for Receiving Copy of Criminal History _____
Street Address or P.O. Box _____ City _____ State _____ ZIP Code _____

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

(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: _____
(Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name _____

Street Address or P.O. Box _____ Telephone Number (optional) _____

City _____ State _____ ZIP Code _____ Mail Code (five digit code assigned by DOJ) _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____