

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A1702

VOLUNTEER

ORI (Code assigned by DOJ)

Authorized Applicant Type

SAN FRANCISCO RECREATION AND PARK DEPARTMENT VOLUNTEER

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

Contributing Agency Information:

San Francisco Recreation and Park Department

06189

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

501 Stanyan Street

Jennifer Gee

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

San Francisco

CA

94117

1-415-831-6336

City

State

ZIP Code

Contact Telephone Number

VOLUNTEER APPLICANT INFORMATION:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

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

Date of Birth ____/____/____ Sex: Male Female

Driver's License Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Billing Number: **APPLICANT MUST PAY AT LIVE SCAN SITE**
(Agency Billing Number)

Place of Birth (City **and** State /Country) _____ Social Security Number _____ Misc. Number: _____
(Other Identification Number)

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

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):

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 _____ LSD _____ ATI Number _____ Amount Collected/Billed _____