



REQUEST FOR LIVE SCAN SERVICE

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Applicant Submission

AM111
ORI (Code assigned by DOJ)

Resource Parent
Authorized Applicant Type

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

Contributing Agency Information:

Alba Care Services Inc.
Agency Authorized to Receive Criminal Record Information

A22541
Mail Code (five-digit code assigned by DOJ)

PO BOX 211625
Street Address or P.O. Box

N/A
Contact Name (mandatory for all school submissions)

Chula Vista CA 91921
City State ZIP Code

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

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)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: 366428097
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 LSID

ATI Number Amount Collected/Billed