



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

AL077 \_\_\_\_\_ Resource Parent \_\_\_\_\_  
 ORI (Code assigned by DOJ) \_\_\_\_\_ Authorized Applicant Type \_\_\_\_\_

Resource Family Approval \_\_\_\_\_  
 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. \_\_\_\_\_ 21588 \_\_\_\_\_  
 Agency Authorized to Receive Criminal Record Information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_

P O BOX 211625 \_\_\_\_\_ N/A \_\_\_\_\_  
 Street Address or P.O. Box \_\_\_\_\_ Contact Name (mandatory for all school submissions) \_\_\_\_\_

Chula Vista \_\_\_\_\_ CA 91921 \_\_\_\_\_ 7603532533 \_\_\_\_\_  
 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: 134603965 \_\_\_\_\_  
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 \_\_\_\_\_ 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 \_\_\_\_\_