



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AX027 Volunteer/VCA
ORI (Code assigned by DOJ) Authorized Applicant Type

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

Contributing Agency Information:
Heritage Homeschool Support LLC 30671
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)
425 Corte Majorca Lee Bancroft
Street Address or P.O. Box Contact Name (mandatory for all school submissions)
Vacaville CA 95688 (707) 447-1126
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
Place of Birth (State or Country) Social Security Number (Agency Billing Number)
Home Address Street Address or P.O. Box City State ZIP Code
Misc. Number (Other Identification Number)

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: Original ATI Number
(Must provide proof of rejection)

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