



# REQUEST FOR LIVE SCAN SERVICE

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## Applicant Submission

A2163  
ORI (Code assigned by DOJ)

VOLUNTEER  
Authorized Applicant Type

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

### Contributing Agency Information:

Hope Horizon East Palo Alto  
Agency Authorized to Receive Criminal Record Information

02251

1001 Beech Street  
Street Address or P.O. Box

JOSETTE LANGEVINE  
Contact Name (mandatory for all school submissions)

East Palo Alto CA  94303  
City State ZIP Code

6503279947  
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 146651  
(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: 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