

REQUEST FOR LIVE SCAN SERVICE

Print Form

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Applicant Submission		
A7921 ORI (Code assigned by DOJ) Volunteer/Mentor	Volunteer/Mentor Authorized Applicant Type	
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - i	f assigned by DOJ, use exact title assigned)	
Contributing Agency Information: MOSTe - Motivating Our Students Through Experience Agency Authorized to Receive Criminal Record Information	09845 Mail Code (five-digit code assigned by DOJ)	
645 W 9th Street, Suite 110-376 Street Address or P.O. Box	Recruitment Chair Contact Name (mandatory for all school submissions)	
Los Angeles City CA State PO015 State	(213) 537-9157 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: N/A OCA Number (Agency Identifying Number)	Level of Service: X 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 D	oJ
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