



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

AP155  
ORI (Code assigned by DOJ)

EMPLOYEE / VOLUNTEER  
Authorized Applicant Type

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

#### Contributing Agency Information:

REDEEMER COMMUNITY CHURCH  
Agency Authorized to Receive Criminal Record Information

24716  
Mail Code (five-digit code assigned by DOJ)

1224 FAIRFAX AVENUE  
Street Address or P.O. Box

MICHELLE YAMAMOTO, CUSTODIAN OF RECORDS  
Contact Name (mandatory for all school submissions)

SAN FRANCISCO CA 94124  
City State ZIP Code

4156712194  
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 158452  
(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):

LEAVE THIS SECTION BLANK  
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

**INSTRUCTIONS FOR COMPLETING THE “REQUEST FOR LIVE SCAN SERVICE” FORM**

**APPLICANT TYPE:** Circle **EMPLOYEE** or **VOLUNTEER**

**WORKING TITLE:** Enter your **JOB TITLE**

**NAME OF APPLICANT:** Enter Last Name, First Name, Middle Initial

**AKA’s or ALIAS:** Enter any other **LEGAL NAMES** used; Last Name, First Name (if NONE, leave line blank)

**DATE OF BIRTH:** Enter Date of Birth (mm/dd/yyyy)

**SEX:** Check appropriate box: Male or Female

**CALIFORNIA’S DRIVER LICENSE:** Enter California Driver License/Identification Card Number. If you do not have a California License/Identification Card, leave line blank.

**HEIGHT:** Enter Height: Express in Feet and Inches respectively (Do not use fractions of an inch; round off to the nearest pound. Example: 5’-11”, 6’-01”)

**WEIGHT:** Enter Weight: Express in pounds (Do not use fractions of a pound; round off to nearest pound. Example: 98 lbs, 188 lbs)

**EYE COLOR:** Enter Eye Color

Black	BLK	Green	GRN
Blue	BLU	Hazel	HAZ
Brown	BRO	Maroon	MAR
Gray	GRY	Pink	PNK

**HAIR COLOR:** Enter Hair Color

Bald	BAL	Gray or Partially	GRY
Black	BLK	Red or Auburn	RED
Blond	BLN	Sandy	SDY
Brown	BRO	White	WHI

**PLACE OF BIRTH:** Enter State or Name of the Foreign Country

**SOCIAL SECURITY NUMBER:** Enter Social Security Number (**EMPLOYEES ONLY**)

**APPLICANT’S ADDRESS:** Enter residence address, city, state and zip code

**LEVEL OF SERVICE:** The DOJ & FBI boxes are pre-selected.

**IDENTIFICATION:** A Valid Government Issued Photo Identification is required for fingerprinting. (i.e. Driver’s License, Passport, Military or US Resident Card)

**LIVE SCAN FINGERPRINTING**

**ID SOLUTIONS**

1500 Noriega Street, Suite 100 @ 22<sup>nd</sup> Avenue (Upper Level)

San Francisco, CA 94122

(LSID: FF1; NX1; XL7)

**BY APPOINTMENT ONLY**

(415) 661-3665

[www.fingerprintingllc.com](http://www.fingerprintingllc.com)

**LIVE SCAN FINGERPRINTING FEES**

	<b><u>EMPLOYEES</u></b>	<b><u>VOLUNTEERS</u></b>
Our Live Scan Fingerprinting Fee	\$21.00	\$16.00