



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A8981 Volunteer
 ORI (Code assigned by DOJ) Authorized Applicant Type

4-H Volunteer - 11105.3 PC
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Santa Cruz County 4-H Council Agency Authorized to Receive Criminal Record Information 1430 Freedom Blvd, Suite E Street Address or P.O. Box Watsonville CA 95076 City State ZIP Code	06426 Mail Code (five-digit code assigned by DOJ) Mark Bolda Contact Name (mandatory for all school submissions) (831) 763-8025 Contact Telephone Number
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Applicant Information:

Last Name _____ Other Name (AKA or Alias) Last _____ Date of Birth _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Height _____ Weight _____ Eye Color _____ Hair Color _____ Place of Birth (State or Country) _____ Social Security Number _____ Home Address Street Address or P.O. Box _____ _____ _____	First Name _____ Middle Initial _____ Suffix _____ First _____ Suffix _____ Driver's License Number _____ Billing Number _____ <small>(Agency Billing Number)</small> Misc. Number _____ <small>(Other Identification Number)</small> City _____ State _____ ZIP Code _____
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Your Number: Santa Cruz County/4-H
OCA Number (Agency Identifying Number)

Level of Service: 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 _____ Street Address or P.O. Box _____ City _____ State _____ ZIP Code _____	Mail Code (five digit code assigned by DOJ) _____ Telephone Number (optional) _____
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Live Scan Transaction Completed By:

Name of Operator _____ Transmitting Agency _____	Date _____ ATI Number _____ Amount Collected/Billed _____
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