

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A1822 Type of Application: EMPLOYMENT
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: CALIFORNIA CADET CORPS APPOINTMENT

Agency Address Set Contributing Agency:

STATE OF CALIFORNIA, MILITARY DEPARTMENT, YOUTH PROGRAMS 06319
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)
10 SONOMA AVE. BLDG 1301 MAJ IVAN MENDOZA
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)
SAN LUIS OBISPO CA 93405 805-782-6743
City State Zip Code Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI
Alias: _____ Driver's License No. _____
Last First
Date of Birth: _____ Sex: ☐ Male ☐ Female Misc. No. **BIL-** N/A
Agency Billing Number (if applicable)
Height: _____ Weight: _____ Misc. No: N/A
Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box
Place of Birth: _____
City, State and Zip Code
SOC: _____

Your Number: YPCACC Level of Service ☒ DOJ ☒ FBI
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name
Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)
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City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed