

REQUEST FOR LIVE SCAN SERVICE

| Applicant Submission | | | | | | |
|---|------------------------|--------------------------------|---|-------------------------|--------|--|
| AG857 ORI (Code assigned by DOJ) | | | VOLUNTEER Authorized Applicant Type | | | |
| TUTORING/MENTORING Type of License/Certification/Perm | it <u>OR</u> Working | Title (Maximum 30 characters - | if assigned by DOJ, use exact title assigned) | | | |
| Contributing Agency Information | | | 40004 | | | |
| INLAND EMPIRE MENS CLUB (IEMC) Agency Authorized to Receive Criminal Record Information | | | 18061 Mail Code (five-digit code assigned by DOJ) | | | |
| 33040 ANTELOPE RD SUITE 108 Street Address or P.O. Box | | | RAYMOND E. MCLAUGHLIN Contact Name (mandatory for all school submissions) | | | |
| MURRIETA City | CA State | 92563 ZIP Code | (831) 595-9775 Contact Telephone Number | | | |
| Applicant Information: | | | | | | |
| Last Name | | | First Name | Middle Initial | Suffix | |
| Other Name (AKA or Alias) ^{Last} | | | First | | Suffix | |
| Date of Birth Sex | X Male | Female | Driver's License Number | | | |
| Height Weight | Eye Color | Hair Color | Number 153022 (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: | cy Identifying Number) | | Level of Service: X DOJ | ⊠ FBI | | |
| If re-submission, list original AT (Must provide proof of rejection | I number: | | Original ATI Number | | | |
| Employer (Additional response | , | 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 Complet | ed By: | | | | | |
| Name of Operator | | | Date | | | |
| Transmitting Agency | LSID | _ | ATI Number | Amount Collected/Billed | | |