



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

A3032 \_\_\_\_\_ Employment \_\_\_\_\_  
 ORI (Code assigned by DOJ) \_\_\_\_\_ Authorized Applicant Type \_\_\_\_\_  
 Type Title of Position \_\_\_\_\_  
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) \_\_\_\_\_

#### Contributing Agency Information:

Menlo School \_\_\_\_\_ 00965 \_\_\_\_\_  
 Agency Authorized to Receive Criminal Record Information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_  
 50 Valparaiso Avenue \_\_\_\_\_ Jeanne Honig \_\_\_\_\_  
 Street Address or P.O. Box \_\_\_\_\_ Contact Name (mandatory for all school submissions) \_\_\_\_\_  
 Atherton \_\_\_\_\_ CA 94025 \_\_\_\_\_ (650) 330-2088 \_\_\_\_\_  
 City \_\_\_\_\_ State ZIP Code \_\_\_\_\_ 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 141083 \_\_\_\_\_  
 (Other Identification Number) \_\_\_\_\_  
 Home Address Street Address or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Your Number: A00965 \_\_\_\_\_ Level of Service:  DOJ  FBI  
 OCA Number (Agency Identifying Number) \_\_\_\_\_

If re-submission, list original ATI number: \_\_\_\_\_ Original ATI Number \_\_\_\_\_  
 (Must provide proof of rejection)

#### Employer (Additional response for agencies specified by statute):

Menlo School \_\_\_\_\_ 00965 \_\_\_\_\_  
 Employer Name \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_  
 50 Valparaiso \_\_\_\_\_  
 Street Address or P.O. Box \_\_\_\_\_  
 Atherton CA 94027 \_\_\_\_\_ 450-330-2088 \_\_\_\_\_  
 City \_\_\_\_\_ State ZIP Code \_\_\_\_\_ Telephone Number (optional) \_\_\_\_\_

#### Live Scan Transaction Completed By:

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