

State of California Certified Small Business # 1596560

State of California

REQUEST FOR LIVE SCAN SERVICE

1 Accurate Livescan
1111 W. Robinhood Dr. Ste H
Stockton Ca 95207 209-952-8258

Applicant Submission

BILLED ACCOUNT

ORI: AG066

Type of Application: Volunteer

Job title or Type of License, Certification or permit: VOLUNTEER

Agency Address Set contributing Agency:

Delta Youth Football League

17179

Agency Authorized to receive Criminal history information

mail Code (five-digit code assigned by DOJ)

5243 Avenue D

Street No.

Street or PO Box

Contact name

Modesto

CA

95358

City

State

zip

Contact Telephone No.

APPLICANTS TO FILL OUT ONLY THE SECTION BELOW

Name of Applicant: _____

(Please Print)

Last

First

MI

Team name: _____

Drivers License No: _____

Date of Birth : _____

Sex:

Male

Female

Misc No. Bil - _____

Agency Billing Number

Height : _____

Weight: _____

Eye Color: _____

Hair Color: _____

Home Address:

Street No.

Street or PO BOX

City

State

zip

Social Security Number: _____

BELOW SECTION TO BE FILLED OUT BY LIVESCAN TECHNICIAN

Your Number: _____

Level of Service:

DOJ

If resubmission, list original ATI Number: _____

Live Scan Transaction Completed by: _____ Date: _____

ATI NO: _____ Billed _____

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Monday - Friday 9:00 am - 5:00pm
Saturday 10:00am - 3:00pm
Walk- Ins

