



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

A8553 \_\_\_\_\_ Employee or Volunteer (Circle One) \_\_\_\_\_  
 ORI (Code assigned by DOJ) \_\_\_\_\_ Authorized Applicant Type \_\_\_\_\_  
 (Job Title or Volunteer) Volunteer \_\_\_\_\_  
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) \_\_\_\_\_

#### Contributing Agency Information:

Ronald McDonald House Charities of So. Cal (RMHCSC) \_\_\_\_\_ 14000 \_\_\_\_\_  
 Agency Authorized to Receive Criminal Record Information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_  
 4560 Fountain Avenue \_\_\_\_\_ Jessica Rosa \_\_\_\_\_  
 Street Address or P.O. Box \_\_\_\_\_ Contact Name (mandatory for all school submissions) \_\_\_\_\_  
 Los Angeles \_\_\_\_\_ CA  90029 \_\_\_\_\_ (323) 644-3018 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Contact Telephone Number \_\_\_\_\_

#### Applicant Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_  
 Other Name: (AKA or Alias) \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Suffix \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sex  Male  Female  Nonbinary/Unspecified \_\_\_\_\_ 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 \_\_\_\_\_  
 (Other Identification Number) \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ CA  State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Street Address or P.O. Box \_\_\_\_\_

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Number: \_\_\_\_\_ Level of Service:  DOJ  FBI  
 OCA Number (Agency Identifying Number) \_\_\_\_\_ (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

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

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

Employer Name \_\_\_\_\_  
 Street Address or P.O. Box \_\_\_\_\_ Telephone Number (optional) \_\_\_\_\_  
 City \_\_\_\_\_ State  ZIP Code \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_

#### Live Scan Transaction Completed By:

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