



**SREC/ COMMUNITY PROGRAMS OFFICE PROJECT**

**REQUEST FOR LIVE SCAN SERVICE**

***Applicant Submission***

CA0199700

ORI (Code assigned by DOJ)

**VOLUNTEER**

Authorized Applicant Type

**VOLUNTEER GROUP:** \_\_\_\_\_

**Contributing Agency Information:**

UCLA POLICE DEPARTMENT

Agency Authorized to Receive Criminal Record Information

601 Westwood Plaza

Street Address or P.O. Box

Los Angeles

CA

90095

City

State

ZIP Code

00488

Mail Code (five-digit code assigned by DOJ)

Sandra Thomas/Tiffany Brooks

Contact Name (mandatory for all school submissions)

(310) 206-8126

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 (City and State)

Social Security Number

Misc.

Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

☐

DOJ

☐

FBI

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies 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 Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed