

LIVE SCAN EMPLOYEE/VOLUNTEER INFORMATION

Attached you will find the "Request for Live Scan Service" form. You will need to fill out your portion of the form in details prior to the scanning. There are many locations for this processing service, the following are some examples:

- UPS Store
- Law Enforcement Agencies

The cost may vary but anticipate spending approximately \$32.00. The Monterey Condors Club will reimburse you. Should you incur a problem, give us a call and we will be glad to assist you. A Live Scan is mandatory for us to have on file, no exceptions.

To receive a reimbursement, please mail to us the following:

1. Live Scan Service Receipt

Employee/Volunteer First and Last Name: _____

Phone #: _____

E-mail: _____

Mailing Address:

Monterey Condors Club

P.O. Box 1713

Salinas CA 93902

Contact us for further support, if needed:

www.montereycondorsclub.com

(831) 594-2214

condorsclubacademysoccer@gmail.com



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AN067 ORI (Code assigned by DOJ)	EMPLOYEE 11105.3 PC Authorized Applicant Type
Employee Type of License/Certification/Permit <u>OR</u> Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)	

Contributing Agency Information:

Monterey Condors Club Agency Authorized to Receive Criminal Record Information	23565 Mail Code (five-digit code assigned by DOJ)
P.O. Box 1713 Street Address or P.O. Box	Marco Pulido Contact Name (mandatory for all school submissions)
Salinas City	CA <input checked="" type="checkbox"/> 93902 State ZIP Code
	8315942214 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 <input type="checkbox"/> Male <input type="checkbox"/> Female		
Height	Weight	Eye Color	Hair Color
Place of Birth (State or Country)	Social Security Number		
Home Address	City	State <input checked="" type="checkbox"/>	ZIP Code

Driver's License Number
Billing Number <small>(Agency Billing Number)</small>
Misc. Number <small>(Other Identification Number)</small>

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

Applicant Signature	Date
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Your Number: _____ <small>OCA Number (Agency Identifying Number)</small>	Level of Service: <input checked="" type="checkbox"/> DOJ <input type="checkbox"/> FBI <small>(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)</small>
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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			
Street Address or P.O. Box		Telephone Number (optional)	
City	State <input checked="" type="checkbox"/>	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