



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

A8553  
ORI (Code assigned by DOJ)

Employee or Volunteer (Circle One)  
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)  
Agency Authorized to Receive Criminal Record Information

14000  
Mail Code (five-digit code assigned by DOJ)

4560 Fountain Avenue  
Street Address or P.O. Box

Jessica Rosa  
Contact Name (mandatory for all school submissions)

Los Angeles CA ☐ 90029  
City State ZIP Code

(323) 644-3018  
Contact Telephone Number

### Applicant Information:

Last Name First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name First Name Suffix

Sex ☐ Male ☐ Female ☐ Nonbinary/Unspecified

Date of Birth 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 Street Address or P.O. Box City State ☐ ZIP Code

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

Applicant Signature

Date

Your Number: \_\_\_\_\_  
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI

(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: \_\_\_\_\_  
(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 ☐ 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