	ST FOR LIVE SCAN FORM		Capital Live Scan Office # (877) 888-8802 Sacramento, Ca.95820 Jeff@Capitallivescan.com
LITTI	E LERGUE	BIL	LED ACCOUNT
ORI: AK224	Type of Application		VOLUNTEER
Code assigned by Job Title or Type of License, Cer		VOLUNTEER	
Agency Address Set Contributing Agency:			
Agency authorized to receive criminal history information		20694 Mail Code (five-digit code assigned by DOJ)	
27762 Antonio Park			
Street No. Street or PO E		Contact Name (Mandator	y for all school submissions)
Ladera Ranch, Cali	fornia 92694		
City State	Zip Code	Contact Telepho	
A	oplicants to Fill Out Only	the Section	Below
Name of Applicant:	terr -		NAL
(Please Print) Last	First		МІ
	Driver's License No:		
Date of Birth:	SEX: Male Female	Misc. No. BIL -	
		_	Agency Billing Number
Height:	Weight:		
		Home Address:	
Eye Color: Hair Color:			
		Street No.	Street or PO Box
		City	State Zip
Social Security Number:	N/A		
Below	Section To be Filled Out	by LiveScar	Technician
Your Number:			
004	No. (Agency Identifying No.)	-	
	Level of S	Service: X	DOJ X FBI
If resubmission, list original ATI			
Number:			
Live Scan Transaction Complete			
	Name of Operator	LSID#	Date
	ATI No:		
Transmitting Agency			Billed
			Dinca
Mission Wrap & Mail	For hours or other locations,		
32158 Camino Capistrano	please visit our website at:	For Servic	e at your location, please call:
San Juan Capistrano, CA			
(949) 493-5295			(877) 888-8802
ORIGINAL - Live Scan Operat	or SECOND COPY - Applicant;	THIRD COPY (if needed) - Requesting Agency	