



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AR828 Volunteer / 11105.3 PC (97077)
 ORI (Code assigned by DOJ) Authorized Applicant Type

Non-profit Volunteer
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

The Church of Jesus Christ of Latter-day Saints 26471
 Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)

50 E. North Temple Scott R Pterson
 Street Address or P.O. Box Contact Name (mandatory for all school submissions)

Salt Lake City UT 84150
 City State ZIP Code (801) 240-6238
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	Driver's License Number _____	
Height _____ Weight _____ Eye Color _____ Hair Color _____	Billing Number <u>N/A</u>	(Agency Billing Number)	
Place of Birth (State or Country) _____ Social Security Number _____	Phone 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: N/A
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 [Signature] Date _____

SLS LA9
 Transmitting Agency LSID ATI Number Amount Collected/Billed