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4390 Calle Real #A, Santa Barbara, CA 93111  
(805) 683-6350  
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### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

A8216 \_\_\_\_\_ Volunteer \_\_\_\_\_  
ORI (Code assigned by DOJ) \_\_\_\_\_ Authorized Applicant Type \_\_\_\_\_

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

#### Contributing Agency Information:

Wilderness Youth Project \_\_\_\_\_ 10110 \_\_\_\_\_  
Agency Authorized to Receive Criminal Record Information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_  
2040 Alameda Padre Serra Ste 224 \_\_\_\_\_ Erika Lindemann \_\_\_\_\_  
Street Address or P.O. Box \_\_\_\_\_ Contact Name (mandatory for all school submissions) \_\_\_\_\_  
Santa Barbara \_\_\_\_\_ CA  93103 \_\_\_\_\_ 8059648096 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ 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  
Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Billing Number \_\_\_\_\_  
Place of Birth (State or Country) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Misc. Number \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State  ZIP Code \_\_\_\_\_  
Street Address or P.O. Box \_\_\_\_\_ (Agency Billing Number)  
(Other Identification Number)

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

\_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Number: \_\_\_\_\_ Level of Service:  DOJ  FBI  
OCA Number (Agency Identifying Number) \_\_\_\_\_ (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 \_\_\_\_\_