



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

J31100 Guardianship
ORI (Code assigned by DOJ) Authorized Applicant Type

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

Contributing Agency Information:

Placer County Superior Court - Civil Division Agency Authorized to Receive Criminal Record Information		20536 Mail Code (five-digit code assigned by DOJ)
P.O. Box 619072 Street Address or P.O. Box		Kimberly Hoofman Contact Name (mandatory for all school submissions)
Roseville City	CA 95661 State ZIP Code	(916) 408-6098 Contact Telephone Number

Applicant Information:

Last Name		First Name	Middle Initial	Suffix
Other Name (AKA or Alias) Last		First	Suffix	
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License Number		
Height	Weight	Eye Color	Hair Color	
Place of Birth (State or Country)	Social Security Number			
Home Address Street Address or P.O. Box	City		State	ZIP Code
		Billing Number (Agency Billing Number)		
		Misc. Number (Other Identification Number)		

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ 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	Mail Code (five digit code assigned by DOJ)
Street Address or P.O. Box	
City State ZIP Code	Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator	Date
Transmitting Agency LSID	ATI Number Amount Collected/Billed