



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AF502

Employment

ORI (Code assigned by DOJ)

Authorized Applicant Type

Respite Care Provider

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

Contributing Agency Information:

Pacific Homecare Services

16607

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

2027 Grand Canal Blvd., Suite 27

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Stockton

CA 95207-6650

(209) 956-2532

City State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

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

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):

Pacific Homecare Services

16607

Employer Name

Mail Code (five digit code assigned by DOJ)

2027 Grand Canal Blvd., Suite 27

Street Address or P.O. Box

Stockton CA 95207

(209) 956-2532

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number

Amount Collected/Billed