



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

A2533 \_\_\_\_\_  
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:

EAST BAY ASIAN YOUTH CENTER Agency Authorized to Receive Criminal Record Information		08544 Mail Code (five-digit code assigned by DOJ)
2025 E. 12TH STREET Street Address or P.O. Box		GIANNA TRAN Contact Name (mandatory for all school submissions)
OAKLAND City	CA 94606 State ZIP Code	(510) 533-1092 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 _____	Billing Number _____ <small>(Agency Billing Number)</small>
Place of Birth (State or Country) _____	Social Security Number _____		Misc. Number _____ <small>(Other Identification Number)</small>	
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):

EAST BAY ASIAN YOUTH CENTER Employer Name		08544 Mail Code (five digit code assigned by DOJ)
2025 E. 12TH STREET Street Address or P.O. Box		
OAKLAND City	CA 94606 State ZIP Code	+1 (510) 533-1092 Telephone Number (optional)

#### Live Scan Transaction Completed By:

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