



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 Peterson
Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions)
Salt Lake City _____ UT 84150 _____ (801) 240-6238
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 N/A _____
Place of Birth (State or Country) _____ Social Security Number _____ (Agency Billing Number)
Misc. Number _____ (Other Identification 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: _____ 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 _____