

Rotary District 5220

Livescan Form Instructions.

A list of locations where you can be livescanned is available at:

<https://oag.ca.gov/fingerprints/locations>

All of the highlighted fields must be completed. Use the tab key to navigate the fields. The two fields that have red borders have drop down lists.

Reason: If you are being livescanned for a particular activity such as RYLA, Youth Exchange, or Interact please select the appropriate reason. If you are being livescanned because you are a Rotary Member and have contact with youth as a Rotarian, please select Club Service. You may also type in a different reason.

Club: Please select the club you are a member of or the club you are associated with. If your club is not listed you may type in the name.

The rest of the fields are self-explanatory. Please enter all of the requested information. The font size will adjust as you enter data.

You may save the form as a PDF and/or print the form. Take the completed form to where you are going to be livescanned. There may be a “rolling” fee, some agencies may waive the fee, and it is generally not more than \$30. There should be no other fees.

IMPORTANT, After you have been livescanned, please email the completed form to me at chalford1019@comcast.net.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A9122
ORI (Code assigned by DOJ)

Volunteer
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:

Rotary District Fifty Two Twenty
Agency Authorized to Receive Criminal Record Information

10880
Mail Code (five-digit code assigned by DOJ)

PO Box 1208
Street Address or P.O. Box

Charles M. Halford
Contact Name (mandatory for all school submissions)

Madera CA 95336
City State ZIP Code

(209) 456-7300
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):

Employer Name

N/A
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