ACCU-PRINTS
301 SCIENCE DR STE 132
MOORPARK, CA 03021
(805) 529-5288

HOURS OF OPERATION

MONDAY	**9:00 – 12:00**	**LUNCH**	**1:00 – 5:00**
TUESDAY	**9:00 – 12:00**	**LUNCH**	**2:00 – 6:00**
WEDNESDAY	**9:00 – 12:00**	**LUNCH**	**1:00 - 5:00**
THURSDAY	**9:00 – 12:00**	**LUNCH**	**2:00 – 5:00**
FRIDAY	**9:00 – 12:00**	**LUNCH**	**1:00 – 4:00**

OUR LAST APPLICANT FOR PRINTING TAKEN WILL BE 15 MINUTES PRIOR TO CLOSING.

Directions

- **Exit 23 freeway at Los Angeles Ave**
- **Turn West (into City of Moorpark)**
- **Go to Science Dr. (1st Street you can turn right on –Turn right)**
- **We are the first building on your left. (corner of LA and Science)**

12-27-16

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AI009
_____
ORI (Code assigned by DOJ)

Employment
_____
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:

Southeast Ventura County YMCA
_____
Agency Authorized to Receive Criminal Record Information

19042
_____
Mail Code (five-digit code assigned by DOJ)

31105 E. Thousand Oaks Blvd.
_____
Street Address or P.O. Box

_____
Contact Name (mandatory for all school submissions)

Westlake   CA   91362
_____
City   State   ZIP Code

(805)497-3081
_____
Contact Telephone Number

Applicant Information:

_____
Last Name

Other Name
(AKA or Alias) Last _____

_____
First Name   Middle Initial   Suffix

_____
First   Suffix

_____   Sex ☐ Male   ☐ Female
Date of Birth

_____
Driver's License Number

_____   _____   _____   _____
Height   Weight   Eye Color   Hair Color

Billing
Number _____
            (Agency Billing Number)

Misc.
Number _____
            (Other Identification Number)

_____   _____
Place of Birth (State or Country)   Social Security 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

_____
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

ORIGINAL - Live Scan Operator   SECOND COPY - Applicant   THIRD COPY (if needed) - Requesting Agency