



## AAA LIVE SCAN LOCATIONS

### AAA LIVE SCAN OF ESCONDIDO - Corporate Office

(Located in Pacific Standard Insurance Building)

431 West Grand Avenue, Suite 203

Escondido, CA 92025

(760) 480-6900 Phone

(760) 480-6950 Fax

**\*WALK-INS WELCOME**

**HOURS:** Monday – Friday  
9:00 am – 5:00 pm

Saturdays: By Appointment Only

---

### AAA LIVESCAN OF CARLSBAD

800 Grand Avenue, Suite C-9

Carlsbad, CA 92008

(760) 434-3533 Phone

(760) 434-3534 Fax

**\*WALK-INS WELCOME**

**HOURS:** Monday – Friday  
10:00 am – 5:00 pm  
(Closed for Lunch 12:00-12:30)

---

### AAA LIVESCAN OF MISSION VALLEY

(Located in the Park Camino Building)

2667 Camino Del Rio South, Suite 310

San Diego, CA 92108

(619) 683-2660 Phone

(619) 683-2663 Fax

**\*WALK-INS WELCOME**

**HOURS:** Monday – Friday  
10:00 am – 5:00 pm  
(Closed for Lunch 12:00-12:30)

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: AD953 Type of Application: Circle One: EMPLOYEE or VOLUNTEER  
Code assigned by DOJ  
 Job Title or Type of License, Certification or Permit: \_\_\_\_\_

Agency Address Set Contributing Agency:

COMMUNITY LUTHERAN CHURCH

Agency authorized to receive criminal history information

LEAVE BLANK (response received via mail)

Mail Code (five-digit code assigned by DOJ)

3575 EAST VALLEY PARKWAY

Street No. Street or PO Box

SARAH GRAINGER

Contact Name (Mandatory for all school submissions)

ESCONDIDO, CA 92027-5227

City State Zip Code

(760) 739-1650

Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Misc. No. BIL - 151008  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. Number: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Street No. Street or PO Box

Place of Birth: \_\_\_\_\_  
City, State and Zip Code

Social Security Number: \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

Level of Service:  DOJ  FBI

If resubmission, list Original ATI Number: \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)

Employer Name \_\_\_\_\_

Street No. \_\_\_\_\_ Street or PO Box \_\_\_\_\_

Mail Code (five digit code assigned by DOJ)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Name of Operator \_\_\_\_\_ Date \_\_\_\_\_

**AAA LIVE SCAN**

Transmitting Agency

ATI No. \_\_\_\_\_

BC ( ) + R/FEE = ACC  
Amount Collected/Billed