



The Post Box

820 Park Row
Salinas, California 93901
Phone (831) 757-7678
Fax (831) 757-4177

- Mail Box Rental
- Packaging & Shipping Service & Supplies
- UPS Authorized Shipping Outlet
- FedEx Authorized Shipping Center
- DHL Authorized Shipping Center
- Golden State Overnight
- Secretarial Typing & Word Processing
- Résumé Service
- Copy Service
- Rubber Stamps
- Business Cards
- Badges & Plates Engraved
- Stationery & Invitations
- Banners Made
- Passport Photos
- Laminating
- Notaries Public
- Keys Made
- FAX Sending & Receiving
- Email Sending & Receiving
- Live-Scan Fingerprinting

LIVE SCAN SERVICES

FEE AUTHORIZATION FORM

This is to confirm that Compass Church Monterey County hereby authorizes applicant _____ (please print name)

to be fingerprinted or Live Scanned at The Post Box and have applicable charges for that service placed on our account or charged to our credit card on file.

Authorized Representative of Compass Church Monterey County:

 _____ (signature)

Tiffany Lane _____ (please print name)

___ / ___ / ___ (date signed)

LIVE SCAN LOCATION: The Post Box, 820 Park Row, Salinas. (Off of West Acacia)

TIME: We are a walk-in service, allow 10 to 30 minutes. M-F 8:30a to 5:30p, Sat 9a to 1p.

Please note:

If your fingernails are too long, we may not be able to get a clear, full print and therefore unable to provide service.

Applicant must present this form, a completed Request for Live Scan Form and a current valid ID with readable 2d barcode on the back, i.e., California DMV produced Driver License/ID card. Non-read and other forms of ID may or may not be acceptable as per DOJ guidelines, and subject to a \$5 clerical fee due to Applicant.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A9266

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:

First Presbyterian Church DBA Compass Church

Agency Authorized to Receive Criminal Record Information

830 Padre Drive

Street Address or P.O. Box

Salinas

City

CA 93901

State ZIP Code

10998

Mail Code (five-digit code assigned by DOJ)

Tiffany Lane

Contact Name (mandatory for all school submissions)

(831) 422-7811

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)

Misc.

Number

(Other Identification Number)

Place of Birth (State or Country)

Social Security Number

City

State

ZIP Code

Home

Address Street Address or P.O. Box

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