## REQUEST FOR LIVE SCAN SERVICE

	AB350 T (Code assigned by DOJ)			Type of Application: $\underline{\vee}$					
Job Title or Type of Lice			VOLUNTEER						
Agency Address Set Contributing Agency									
BOYS AND GIRLS CLUBS			07379						
Agency authorized to receive	criminal history inf	ormation		Mail Code (five-digit code assigned by DOJ)					
518 VALLEY WAY				DONNA STARBACK					
Street No. Street Name or P	.O. Box Suite No.			Contact Name (Mandatory for all school submission)					
MILPITAS, CA 95035				(408) 957-9685					
City, State, Zip Code- 4Code				Telephone No Ext					
Name of Applicant:	DESHMUKH, VI	KRAM							
Alias:				CA Driver License No.:					
Date of Birth:	04/13/1986	Sex:	М	Misc. No BIL:					
Height:	505	Weight:	145	Misc No.:					
Eye Color:	BRO	Hair Color:	BLK	Misc No:					
Place of Birth:	PUNE, II			Home Address:	754 THE ALAMEDA 4207				
Country of Citizenship:	II				SAN JOSE, CA 95126				
Social Security No.				Telephone No.:	(669) 265-9931				
Your OCA Number:	(Agency Identifying	g/Facility/Lice	nse No.)	Level of Service	e: DOJ: DOJ FBI: FBI				
If resubmission, list original ATI No.:									
Employer Information									
Employer Name									
Street No. Street Name or P.O. Box				Mail Code (five-digit code assigned by DOJ)					
City, State, Zip Code-4Code  Telephone No Ext									
Live Scan Transaction (	Completed By:	Name of	Operator		Date:				
Transmitting Agency ATI No.					Amount Collected / Billed				

Tracking No.: 10112016YA0925

## **REQUEST FOR LIVE SCAN SERVICE**

Agency ORI Code:	AB350	,		Type of Application:	V			
	(Code assigned by DOJ)							
Job Title or Type of License, Certification or Permit:			VOLUNTEER					
Agency Address Set Contributing Agency								
BOYS AND GIRLS CLUBS	OF SILICO		07379					
Agency authorized to receive criminal history information				Mail Code (five-digit code assigned by DOJ)				
518 VALLEY WAY				DONNA STARBACK				
Street No. Street Name or	P.O. Box Suite No	).		Contact Name (Mandatory for all school submission)				
MILPITAS, CA 95035				(408) 957-9685				
City, State, Zip Code- 4Cod	de			Telephone No Ext				
Name of Applicant:	DESHMUKH, V	/IKRAM						
Alias:				CA Driver License				
Date of Birth:	04/12/1006	Sex:	М	No.: Misc. No BIL:				
Date of Birtin.	04/13/1986	Jex.	111	PIISC. NO DIE.				
Height:	505	Weight:	145	Misc No.:				
Eye Color:	BRO	Hair Color:	BLK	Misc No:				
Place of Birth:	PUNE, II			Home Address:	754 THE ALAMEDA 4207			
Country of Citizenship	: <u>II</u>				SAN JOSE, CA 95126			
Social Security No.				Telephone No.:	(669) 265-9931			
Your OCA Number: Level of Service: DOJ: DOJ FBI: FBI								
(Agency Identifying/Facility/License No.)								
If resubmission, list original ATI No.:								
Employer Information								
Employer Name								
Street No. Street Name or P.O. Box				Mail Code (five-digit code assi	gned by DOJ)			
City, State, Zip Code-4Code				Telephone No Ext				
Live Scan Transaction Completed By:				Date:				
		Name of	Operato	r				
Transmitting Agency ATI No.				Amount Collected / Billed				

Tracking No.: 10112016YA0925

## **REQUEST FOR LIVE SCAN SERVICE**

Agency ORI Code:	AB350			Type of Application:	V			
	(Code assigned by DOJ)							
Job Title or Type of License, Certification or Permit:				VOLUNTEER				
Agency Address Set Contributing Agency								
BOYS AND GIRLS CLUB	S OF SILICO	07379						
Agency authorized to receive criminal history information				Mail Code (five-digit code assigned by DOJ)				
518 VALLEY WAY				DONNA STARBACK				
Street No. Street Name or	r P.O. Box Suite No	).		Contact Name (Mandatory for all school submission)				
MILPITAS, CA 95035				(408) 957-9685				
City, State, Zip Code- 4Code				Telephone No Ext				
Name of Applicant:	DESHMUKH, \	/IKRAM						
Alias:				CA Driver License				
Date of Birth:	04/13/1986	Sex:	М	Misc. No BIL:				
- 4.00 01 - 1.1.1.11	<u> </u>							
Height:	505	Weight:	145	Misc No.:				
Eye Color:	BRO	Hair Color:	BLK	Misc No:				
Place of Birth:	PUNE, II			Home Address:	754 THE ALAMEDA 4207			
Country of Citizenship	p: <u>II</u>				SAN JOSE, CA 95126			
Social Security No.	ocial Security No.			Telephone No.:	(669) 265-9931			
Your OCA Number: (Agency Identifying/Facility/License No.)  Level of Service: DOJ: DOJ FBI: FBI								
If resubmission, list original ATI No.:								
In resubmission, list original ATI No								
Employer Information								
Employer Name								
Street No. Street Name or P.O. Box				Mail Code (five-digit code ass	signed by DOJ)			
City, State, Zip Code-4Cod	de		Telephone No Ext					
Live Scan Transaction Completed By:				Date:				
		Name of	Operato	r				
Transmitting Agency ATI No.				Amount Collected / Billed				

Tracking No.: 10112016YA0925

## FINGERPRINTING APPOINTMENT SUMMARY

Name of Applicant: DESHMUKH, VIKRAM

Tracking No.: 10112016YA0925

Location Name: Sheriff's Office Younger Avenue

Map and directions: 55 West Younger Avenue Room 134

San Jose, CA 95110

Phone No.: (408)808-4760

Appointment Date: 10/11/2016

Appointment Time: 09:25 AM

To cancel your appointment leave a message with your name, phone number, and appointment tracking no. at (408)808-4760.