Reset Form

REQUEST FOR LIVE SCAN SERVICE

Authorized Applicant Type Volunteer Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) Contributing Agency Information: Atwater Bombers (Baseball League Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ) 1364 Ahwahnee Ct Leah Brown Contact Name (mandatory for all school submissions) Merced CA 95340 9163979400 City State ZIP Code Contact Telephone Number First Name Middle Initial Suffix	Applicant Submission	
Voluntoer	AY058	Employee11105.3 PC/Volunteer/VCA
Type of License/Certification/Permit DR Working Title (Meantum 30 characters - if easigned by DOJ, use eased this easigned)		Authorized Applicant Type
Contributing Agency Information: Alwater Bombers (Basebal League Agency Authorized to Receive Criminal Record Information 1384 Ahwathnec Ct Street Address or P.O. Box Merced City State Contact Name (mandatory for all school submissions) 1983/97400 Contact Teleptrone Number Applicant Information: Last Name Cother Name: (AKA or Alias) Last Name Cother Name: (AKA or Alias) Last Name First Name First Name First Name First Name Number Number Number Number Number I have received and read the included Privacy Notice, Privacy Act, Statement, and Applicant's Privacy Rights. Applicant Signature Applicant Signature Applicant Signature Applicant Signature Applicant Signature Applicant Signature Otic Number: Otic Number: Otic Number (Additional response for agencies specified by statute): Employer (Additional response for agencies specified by: Name of Operator Date 2P Code Mail Code (five-digit code assigned by DOJ) Leah Brown Conical Name (mandatory for all school submissions) Plast State Privat Name First Name First Name First Name First Name Number Number Number Number Number Number Number Otigen Mandation Number Date Your Number: Otiginal ATI Number Size of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.) Employer (Additional response for agencies specified by statute): Place of Operator Name of Operator Date Procede assigned by DOJ) Telephone Number (optional) Telephone Number (optional) Telephone Number (optional)		
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Merced City State 2IP Code State 2IP	1364 Ahwahnee Ct	
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Applicant Information: Last Name First Name Middle Initial Suffix Other Name: (AKA or Alias) Last Name First Name Middle Initial Suffix Date of Birth Sex Male Female Nonbinary/Unspecified Diver's License Number Billing Number Misc. (Agency Billing Number) Home Address Street Address or P.O. Box City State ZIP Code I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights. Applicant Signature Date Your Number: COAR Number (Agency Identifying Number) (If the Level of Service Indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.) Employer (Additional response for agencies specified by statute): Employer (Additional response for agencies specified by statute): Employer Name Street Address or P.O. Box Telephone Number (optional) City State ZIP Code Mail Code (five digit code assigned by DCU) Live Scan Transaction Completed By: Name of Operator Date Date Date Privacy Name Middle Initial Suffix S	OA 33340	
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