



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AY058 _____ Employee 11105.3 PC/Volunteer/VCA
 ORI (Code assigned by DOJ) _____ 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) _____ 31713 _____
 Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ)
 1364 Ahwahnee Ct _____ Leah Brown _____
 Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions)
 Merced _____ CA 95340 _____ 9163979400 _____
 City _____ State _____ ZIP Code _____ Contact Telephone Number

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____
 Other Name: (AKA or Alias) _____
 Last Name _____ First Name _____ Suffix _____
 Date of Birth _____ Sex Male Female Nonbinary/Unspecified _____
 Height _____ Weight _____ Eye Color _____ Hair Color _____ Driver's License Number _____
 Place of Birth (State or Country) _____ Social Security Number _____ Billing Number _____
 Home Address _____ City _____ State ZIP Code _____
(Agency Billing Number)
(Other Identification Number)

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the 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 _____
 Street Address or P.O. Box _____ Telephone Number (optional) _____
 City _____ State ZIP Code _____ Mail Code (five digit code assigned by DOJ) _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____
 Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____