

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A6119 Code assigned by DOJ Type of Application: Volunteer
 Job Title or Type of License, Certification or Permit: COACH

Agency Address Set Contributing Agency:
NATIONAL Jr. BASKETBALL Mail Code (five digit code assigned by DOJ) 08875
Agency authorized to receive criminal history information
721 E. Ball Rd, Ste #101
Street No. Street or PO Box
Anaheim, CA 92805 Contact Name (Mandatory for all school submissions)
City State Zip Code (714-765-6567)
Contact Telephone No.
FAX# 714-765-6576

COACHES PERS. INFO

Name of Applicant: _____
(Please print) Last First MI
 Alias: _____ Driver's License No. _____
Last First
 Date of Birth: _____ Sex: Male Female Misc. No. BIL -
Agency Billing Number
 Height: _____ Weight: _____ Misc. No. _____
 Eye Color: _____ Hair Color: _____ Home Address: _____
Street or PO Box
 Place of Birth: _____
City, State and Zip Code
 SOC: _____

Your Number: _____ OCA No. (Agency Identifying No.) **← Your OCA Chapter #**
 Level of Service DOJ FBI
 If resubmission, list Original ATI No. _____

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: _____
 Transmitting Agency ATI No. Amount Collected / Billed