

SAMPLE

REQUEST FOR LIVE SCAN SERVICE  
Applicant Submission

SAMPLE

ORI: AG119 Type of Application: VOLUNTEER  
Code assigned by DOJ  
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  
1500 S. ANAHEIM BLVD ST. 200  
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)  
ANAHEIM CA 92805 (714) 917-3565  
City State Zip Code Contact Telephone No.

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 P.O. Box  
Place of Birth: \_\_\_\_\_  
City, State and Zip Code  
SOC: \_\_\_\_\_

Your Number: \_\_\_\_\_ Level of Service  DOJ  FBI  
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)  
~~Employer Name \_\_\_\_\_  
Street No. \_\_\_\_\_ Street or P.O. Box \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Agency Telephone No. (optional) \_\_\_\_\_~~

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

PERSONAL INFO