



REQUEST FOR LIVE SCAN SERVICE

Print Form

Reset Form

Applicant Submission

AI 117 Volunteer
 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:

Central Coast Youth Football League 19112
 Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)
 P.O. Box 4211
 Street Address or P.O. Box Contact Name (mandatory for all school submissions)
 Paso Robles CA 93447
 City State ZIP Code Contact Telephone Number

Applicant Information:

Last Name First Name Middle Initial Suffix
 Other Name (AKA or Alias) Last First Suffix
 Date of Birth Sex Male Female Driver's License Number
 Height Weight Eye Color Hair Color Billing Number
 (Agency Billing Number)
 Place of Birth (State or Country) Social Security Number Misc. Number
 (Other Identification Number)
 Home Address Street Address or P.O. Box City State ZIP Code

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
 (Must provide proof of rejection)

Original ATI Number _____

Employer (Additional response for agencies specified by statute):

n/a n/a
 Employer Name Mail Code (five digit code assigned by DOJ)
 n/a
 Street Address or P.O. Box
 n/a n/a
 City State ZIP Code Telephone Number (optional)

Live Scan Transaction Completed By:

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