



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AA938
ORI (Code assigned by DOJ)

Volunteer
Authorized Applicant Type

Misc. No. Bil 148902

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

La Mirada Baseball Association
Agency Authorized to Receive Criminal Record Information

12253
Mail Code (five-digit code assigned by DOJ)

P.O. Box 206
Street Address or P.O. Box

Ely Rivara
Contact Name (mandatory for all school submissions)

La Mirada CA 90637
City State ZIP Code

(714) 681-4114
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 148902
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number 148902
(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 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

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed