



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

AV753 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:

Marysville Little League 29273  
 Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)

PO Box 5175 Kasie Weers  
 Street Address or P.O. Box Contact Name (mandatory for all school submissions)

Marysville CA  95901  
 City State ZIP Code 5307135351  
Contact Telephone Number

#### Applicant Information:

Last Name First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name First Name Suffix

Sex  Male  Female

Date of Birth Driver's License Number

Height Weight Eye Color Hair Color  
Billing Number

Place of Birth (State or Country) Social Security Number  
Misc. Number  
(Other Identification Number)

Home Address City State  ZIP Code  
Street Address or P.O. Box

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

\_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date

Your Number: \_\_\_\_\_ Level of Service:  DOJ  FBI  
OCA Number (Agency Identifying Number) (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):

N/A  
 Employer Name

N/A  
 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