

## DOJ FINGERPRINTING for 2026 Season

- You may get fingerprinted **anywhere**
- Cost: \$30 & Up depends on where you go
- Take the attached form and bring your ID
  - Must be fingerprinted by **3/1/2026**

All **managers & coaches** must be fingerprinted in 2026 season

*It is required that all of the following persons must annually submit a fully completed "Little League Official Volunteer Application" to the local league president prior to the applicant assuming his/her duties for the then current season: managers, coaches, Board of Directors members and any other persons, volunteers or hired workers who provide regular service to the league, and/or have repetitive access to or contact with players or teams.*



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

AV753

ORI (Code assigned by DOJ)

Volunteer

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

Agency Authorized to Receive Criminal Record Information

29273

Mail Code (five-digit code assigned by DOJ)

PO Box 5175

Street Address or P.O. Box

Kasie Weers

Contact Name (mandatory for all school submissions)

Marysville

City

CA ☐

State

95901

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

(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

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

Applicant Signature

Date

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):

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