



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 Izzy Dominguez
 Street Address or P.O. Box Contact Name (mandatory for all school submissions)

Marysville CA 95901
 City State ZIP Code 5307888488
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 161829
(Agency 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 N/A
 Street Address or P.O. Box Telephone Number (optional)

N/A State ZIP Code Mail Code (five digit code assigned by DOJ)
 City

Live Scan Transaction Completed By:

 Name of Operator Date

 Transmitting Agency LSID ATI Number Amount Collected/Billed