



## REQUEST FOR LIVE SCAN SERVICE

Print Form

Reset Form

### 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

James Eckart

Contact Name (mandatory for all school submissions)

La Mirada

City

CA

State

90637

ZIP Code

(310) 266-6796

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 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