



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A6737 VOLUNTEER
 ORI (Code assigned by DOJ) Authorized Applicant Type

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

Contributing Agency Information:
CAYOSN GAB VLY JR FTBALL 04025
 Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)
P.O. BOX 2969 KATHY D'AMATO
 Street Address or P.O. Box Contact Name (mandatory for all school submissions)
COVINA CA 91722 (626) 676-0124
 City State ZIP Code 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 NON PROFIT / NO FEE
 (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 _____

Your Number: SGV- Level of Service: DOJ FBI
 OCA Number (Agency Identifying Number)

If re-submission, list original ATI number: _____ Original ATI Number
 (Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):

NA NA
 Employer Name Mail Code (five digit code assigned by DOJ)
NA
 Street Address or P.O. Box
NA NA NA NA NA
 City State ZIP Code Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator _____ Date _____
 Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____