



REQUEST FOR LIVE SCAN SERVICE (California Volunteer and Employee Criminal History Service)

Applicant Submission

AAH20 _____ VECHS / CVolunteer 1105.3 PC _____
 ORI (Code assigned by DOJ) _____ Authorized Applicant Type _____
 NCPA/VCA _____
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) _____

Contributing Agency Information:

Del Obispo Youth Baseball Inc _____ 34451 _____
 Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ) _____
 32565 B Golden Latern PMB 351 _____ Ryan Reich _____
 Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions) _____
 Dana Point _____ CA 92629 _____
 City _____ State _____ ZIP Code _____ 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 166436 _____
 (Agency Billing Number) _____
 Place of Birth (State or Country) _____ Social Security Number _____ Misc. Number _____
 (Other Identification Number) _____
 Address for Receiving _____
 Copy of Criminal History _____ 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: _____ 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):

Employer Name _____
 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 _____