



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AT251 _____ Volunteer/VCA _____
 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:

Madera National Little League _____ 26909 _____
 Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ) _____

PO Box 1272 _____ Tony Sablan _____
 Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions) _____

Madera _____ CA 93639 _____ 559-296-5080 _____
 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 160489 _____
 (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):

Employer Name _____

Street Address or P.O. Box _____ Telephone Number (optional) _____

City _____ CA _____ ZIP Code _____ Mail Code (five digit code assigned by DOJ) _____
 State _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____