



# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

A5783 \_\_\_\_\_ Voulnteer \_\_\_\_\_  
 ORI (Code assigned by DOJ) \_\_\_\_\_ Authorized Applicant Type \_\_\_\_\_

Coach or Team Coordinator \_\_\_\_\_  
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) \_\_\_\_\_

## Contributing Agency Information:

Hollister Little League \_\_\_\_\_ 06945 \_\_\_\_\_  
 Agency Authorized to Receive Criminal Record Information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_

P.O. Box 831 \_\_\_\_\_ Janna Esparza \_\_\_\_\_  
 Street Address or P.O. Box \_\_\_\_\_ Contact Name (mandatory for all school submissions) \_\_\_\_\_

Hollister \_\_\_\_\_ CA 95024 \_\_\_\_\_ (408) 250-7503 \_\_\_\_\_  
 City \_\_\_\_\_ State ZIP Code \_\_\_\_\_ Contact Telephone Number \_\_\_\_\_

## Applicant Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_

Other Name \_\_\_\_\_ First \_\_\_\_\_ Suffix \_\_\_\_\_  
 (AKA or Alias) Last

Date of Birth \_\_\_\_\_ Sex  Male  Female \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Billing Number \_\_\_\_\_  
 (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

Your Number: \_\_\_\_\_ 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):

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 \_\_\_\_\_