

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

ORI: AF665 Type of Application: Volunteer  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: \_\_\_\_\_  
Association Name: *(Scotts Valley Football, Cambrian Soccer, etc.)*

Agency Address Set Contributing Agency:

San Jose PAL 06158  
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)

680 S. 34th Street  
Street No. Street or PO Box

San Jose CA 95116 (408) 272-9725  
City State Zip Code Contact Telephone No.

Contact Name: (PAL Commissioner's Name)

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Misc. No. BIL - \_\_\_\_\_  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. No. \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Street or PO Box

Place of Birth: \_\_\_\_\_  
City, State and Zip Code

SOC: \_\_\_\_\_

Your Number: \_\_\_\_\_  
Association Name and Sport: (Football, Soccer, etc.)

If resubmission, list Original ATI No. \_\_\_\_\_

Level of Service  DOJ  FBI

Employer: (Additional response for agencies specified by statute)

Employer Name \_\_\_\_\_

Street No. \_\_\_\_\_ Street or PO Box \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_  
City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected / Billed \_\_\_\_\_