

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A3544 Code assigned by DOJ Type of Application: (check one) Employment License, Certification, Permit Volunteer

Job Title or Type of License, Certification or Permit: MANAGER / COACH

Agency Address Set Contributing Agency:

GOLDEN EAGLE BASEBALL

Agency authorized to receive criminal history information

PO Box 1683

Street No. Street or PO Box

LOOMIS

City

CA

State

95650

Zip Code

09362

Mail Code (five-digit code assigned by DOJ)

MARC KELLEY

Contact Name (Mandatory for all school submissions)

(916) 257-1304

Contact Telephone No.

Name of Applicant:

(Please print)

Last

First

MI

AKA's:

Last

First

CDL No. _____

DOB: _____

SEX: Male Female

Misc. No. BIL -

Agency Billing Number (if applicable)

HT: _____

WT: _____

Misc. No. _____

EYE Color: _____

HAIR Color: _____

Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

POB: _____

Street or PO Box

SOC: _____

City, State and Zip Code

Your Number: _____

OCA No. (Agency Identifying No.)

Level of Service



DOJ



FBI

If resubmission, list Original ATI No. _____

Employer:

(Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

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: _____

Name of Operator

Date _____

Transmitting Agency _____

ATI No. _____

Amount Collected/Billed _____

