



REQUEST FOR LIVE SCAN SERVICE

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Applicant Submission

AK262

ORI (Code assigned by DOJ)

VOLUNTEER

EMPLOYEE 11105.3 PC (92080) VOLUNTEER/VCA (92072)
Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

San Clemente Little League

Agency Authorized to Receive Criminal Record Information

P.O. Box 84S

Street Address or P.O. Box

San Clemente,

City

CA 92673

State ZIP Code

20736

Mail Code (five-digit code assigned by DOJ)

Richmond Mills

Contact Name (mandatory for all school submissions)

949-235-0195

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex Male Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number

155225

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number

(Other Identification Number)

Home Address

Street Address or P.O. Box

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

DOJ

FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

San Clemente Little League

Employer Name

20738

Mail Code (five digit code assigned by DOJ)

P.O. Box 84 S

Street Address or P.O. Box

San Clemente

City

CA

State

92673

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed