



### 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, CA 92673  
City State ZIP Code

20736  
Mail Code (five-digit code assigned by DOJ)  
Erin Hussey  
Contact Name (mandatory for all school submissions)  
9498747712  
Contact Telephone Number

#### Applicant Information:

Last Name  
Other Name (AKA or Alias) Last  
Date of Birth Sex  Male  Female  
Height Weight Eye Color Hair Color  
Place of Birth (State or Country) Social Security Number  
Home Address Street Address or P.O. Box

First Name Middle Initial Suffix  
First Suffix  
Driver's License Number  
Billing Number 155225  
(Agency Billing Number)  
Misc. Number  
(Other Identification Number)  
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  
P.O. Box 84 S  
Street Address or P.O. Box  
San Clemente CA 92673  
City State ZIP Code

20738  
Mail Code (five digit code assigned by DOJ)  
Telephone Number (optional)

#### Live Scan Transaction Completed By:

Name of Operator  
Transmitting Agency LSID

Date  
ATI Number Amount Collected/Billed