



### REQUEST FOR LIVE SCAN SERVICE

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#### Applicant Submission

AN377 Volunteer/VCA  
ORI (Code assigned by DOJ) 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:

Viejo Little League 23893  
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)  
25108 Marguerite Parkway, Ste A-190 David Peifer  
Street Address or P.O. Box Contact Name (mandatory for all school submissions)  
Mission Viejo CA 92691 (714) 722-0911  
City State ZIP Code 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 157679  
Place of Birth (State or Country) \_\_\_\_\_ Social Security Number \_\_\_\_\_ (Agency Billing Number) \_\_\_\_\_  
Misc. Number \_\_\_\_\_  
Home Address Street Address or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
(Other Identification Number) \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI  
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI)

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

#### 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