



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AF732

ORI (Code assigned by DOJ)

VOLUNTEER

Authorized Applicant Type

COACH

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

Contributing Agency Information:

SIMI YOUTH BASEBALL, INC.

Agency Authorized to Receive Criminal Record Information

16831

Mail Code (five-digit code assigned by DOJ)

PO BOX 916

Street Address or P.O. Box

RONDA HANSEN

Contact Name (mandatory for all school submissions)

SIMI VALLEY

City

CA
State

93062

ZIP Code

(805) 490-7399

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

(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):

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