

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A8801 Type of Application: VOLUNTEER
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

SILICON VLY GIRLS SOFTBALL 10657
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)
P.O. Box 2621 Wally Miller
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)
Sunnyvale CA 94086 (408) 380-1210
City State Zip Code Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI
Alias: _____ Driver's License No. _____
Last First
Date of Birth: _____ SEX: Male Female Misc. No. **BIL** - _____
Agency Billing Number (if applicable)
Height: _____ Weight: _____ Misc. No. _____
Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box
Place of Birth: _____
City, State and Zip Code
SOC: _____

Your Number: _____ Level of Service DOJ FBI
OCA No. (Agency Identifying No.)
If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

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: _____ Date: _____
Name of Operator

Transmitting Agency ATI No. Amount Collected/Billed