



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

AT039 Volunteer/VCA (92072)  
ORI (Code assigned by DOJ) Authorized Applicant Type

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

### Contributing Agency Information:

Turlock American Little League 26686  
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)  
PO Box 3055 Arthur Askil  
Street Address or P.O. Box Contact Name (mandatory for all school submissions)  
Turlock CA 95381 (209) 605-4054  
City State ZIP Code Contact Telephone Number

### Applicant Information:

Last Name First Name Middle Initial Suffix  
Other Name: (AKA or Alias)  
Last Name First Name Suffix  
Sex  Male  Female  
Date of Birth Driver's License Number  
Height Weight Eye Color Hair Color Billing Number 160373  
(Agency Billing Number)  
Place of Birth (State or Country) Social Security Number Misc. Number NA  
(Other Identification Number)  
Home Address Street Address or P.O. Box City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

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: Original ATI Number  
(Must provide proof of rejection)

### Employer (Additional response for agencies specified by statute):

Employer Name  
Street Address or P.O. Box Telephone Number (optional)  
City State ZIP Code Mail Code (five digit code assigned by DOJ)

### Live Scan Transaction Completed By:

Name of Operator Date  
Transmitting Agency LSID ATI Number Amount Collected/Billed