



# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

AV814 ORI (Code assigned by DOJ)	Non-Profit Organization Authorized Applicant Type
Volunteer / VCA • Employee 111 Type of License/Certification/Permit <u>OR</u> Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)	

## Contributing Agency Information:

ANAHEIM FUTBOL CLUB INC Agency Authorized to Receive Criminal Record Information	29352 Mail Code (five-digit code assigned by DOJ)
2857 W SKYWOOD CIR Street Address or P.O. Box	Custodian of Records Contact Name (mandatory for all school submissions)
ANAHEIM City	(714) 356-2170 Contact Telephone Number
CA State	92804 ZIP Code

## Applicant Information:

Last Name	First Name	Middle Initial	Suffix
Other Name: (AKA or Alias)			
Last Name	First Name	Suffix	
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License Number	
Height	Weight	Eye Color	Hair Color
Place of Birth (State or Country)	Social Security Number		
Billing Number	(Agency Billing Number)		
Misc. Number	(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: <input checked="" type="checkbox"/> DOJ <input type="checkbox"/> FBI (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)
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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 \_\_\_\_\_

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