

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: **A6119** Type of Application: **Volunteer**
Code assigned by DOJ

Job Title or Type of License, Certification or Permit:

Agency Address Set Contributing Agency:

National Junior Basketball

Agency authorized to receive criminal history information

08875

Mail Code (five digit code assigned by DOJ)

721 E. Ball Road #101

Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

Anaheim

CA

92805

City State Zip Code

()
Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

Alias: _____
Last First

Driver's License No. _____

Date of Birth: _____ Sex: Male Female

Misc. No. **BIL** - _____
Agency Billing Number

Height: _____ Weight: _____

Misc. No. _____

Eye Color: _____ Hair Color: _____

Home Address: _____
Street or PO Box

Place of Birth: _____

City, State and Zip Code

SOC: _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service DOJ FBI

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

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Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency ATI No. Amount Collected / Billed