

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

( )  
Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected / Billed \_\_\_\_\_