



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AW354 ORI (Code assigned by DOJ)	NON PROFIT ORGANIZATION Authorized Applicant Type
Volunteer	
Type of License/Certification/Permit <u>OR</u> Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)	

Contributing Agency Information:

MURRIETA YOUTH SOCCER LEAGUE Agency Authorized to Receive Criminal Record Information	29954 Mail Code (five-digit code assigned by DOJ)
PO BOX 833 Street Address or P.O. Box	Custodian of Record Contact Name (mandatory for all school submissions)
MURRIETA CA 92564 City State ZIP Code	9516777768 Contact Telephone Number

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		
Height	Weight	Eye Color	Hair Color
Place of Birth (State or Country)	Social Security Number		
Home Address	Driver's License Number	Billing Number NA	
Street Address or P.O. Box		(Agency Billing Number)	
		Misc. Number	
		(Other Identification Number)	
	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: _____ Level of Service: DOJ FBI
OCA Number (Agency Identifying Number)
(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: _____
(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