

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A8317 Type of Application: VOLUNTEER
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

CLAREMONT FASTpitch

Agency authorized to receive criminal history information

Mail Code (five digit code assigned by DOJ) _____

P.O. BOX 1435

Deanna Clark

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

CLAREMONT CA 91711

(626) 353-2513

City State Zip Code

Contact Telephone No.

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

Alias: _____ Driver's License No. _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. BIL - Non-Profit
Agency Billing Number

Height: _____ Weight: _____ Misc. No: _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box

Place of Birth: _____
City, State and Zip Code

SOC: _____

Your Number: _____ Level of Service DOJ FBI
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name _____

Street No. Street or P.O. 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