



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

AX861  
ORI (Code assigned by DOJ)

Volunteer  
Authorized Applicant Type

Volunteer

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

Gilroy Little League  
Agency Authorized to Receive Criminal Record Information

31512  
Mail Code (five-digit code assigned by DOJ)

P.O. Box 1713  
Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Gilroy  
City

CA ☐ 95020  
State ZIP Code

Contact Telephone Number

### Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name

First Name Suffix

Sex ☐ Male ☐ Female ☐ Nonbinary/Unspecified

Date of Birth

Driver's License Number

Billing Number  
(Agency Billing Number)

Height Weight Eye Color Hair Color

Misc. Number  
(Other Identification Number)

Place of Birth (State or Country) Social Security 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: ☒ DOJ ☐ FBI

(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