



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

AI 117	Volunteer
ORI (Code assigned by DOJ)	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:	
Central Coast Youth Football League	19112
Agency Authorized to Receive Criminal Record Information	Mail Code (five-digit code assigned by DOJ)
P.O. Box 411	Bethany Mattis
Street Address or P.O. Box	Contact Name (mandatory for all school submissions)
San Luis Obispo	(805) 588-0720
City	Contact Telephone Number
CA 93401	
State ZIP Code	

### Applicant Information:

Last Name	First Name	Middle Initial	Suffix
Other Name (AKA or Alias) Last	First		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	Driver's License Number	
Home Address	City	Billing Number	
Street Address or P.O. Box	State	(Agency Billing Number)	
	ZIP Code	Misc. Number	
		(Other Identification Number)	

Your Number: Paso Robles Youth Football  
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☐ 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	Mail Code (five digit code assigned by DOJ)		
Street Address or P.O. Box			
City	State	ZIP Code	Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator	Date		
Transmitting Agency	LSID	ATI Number	Amount Collected/Billed