



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AV814
ORI (Code assigned by DOJ)

Non-Profit Organization
Authorized Applicant Type

Volunteer / VCA • Employee 111

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

Contributing Agency Information:

ANAHEIM FUTBOL CLUB INC
Agency Authorized to Receive Criminal Record Information

29352
Mail Code (five-digit code assigned by DOJ)

2857 W SKYWOOD CIR
Street Address or P.O. Box

Custodian of Records
Contact Name (mandatory for all school submissions)

ANAHEIM CA 92804
City State ZIP Code

(714) 356-2170
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

Date of Birth Driver's License Number

Billing Number
(Agency Billing Number)

Misc. Number
(Other Identification Number)

Height Weight Eye Color Hair Color

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