

**REQUEST FOR LIVE SCAN SERVICE**  
RCIL 8016 (3/07)

**Applicant Submission**

ORI: A8082 Type of Application: volunteer  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit:

Agency Address Set Contributing Agency:

**Claremont Youth Basketball**

Agency authorized to receive criminal history information

**2058 N. Mills Avenue, #432**

Street No. Street or PO Box

**Claremont, CA 91711**

City State Zip Code

Mail Code (five-digit code assigned by DOJ)

**Charles L. Zetterberg**

Contact Name (Mandatory for all school submissions)

**(909) 621-4707**

Contact Telephone No.

Name of Applicant: (Please print) \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Driver's License No: \_\_\_\_\_

Alias: Last \_\_\_\_\_ First \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex:  Male  Female  
Misc. No. BIL - 130101 Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Street No. \_\_\_\_\_ Street or PO Box \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ City, State and Zip Code \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Your Number: \_\_\_\_\_

If resubmission, list Original ATI Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.) \_\_\_\_\_ Level of Service:  DOJ  FBI

Employer: (Additional response for agencies specified by statute)

Employer Name \_\_\_\_\_

Street No. \_\_\_\_\_ Street or PO Box \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ ( ) \_\_\_\_\_  
Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Name of Operator \_\_\_\_\_ Date \_\_\_\_\_

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_