

### **L1 (Live Scan) Fingerprinting process info:**

- Fingerprinting will no longer be accepted by the Sheriff's Department
- Only L1 (Live Scan) fingerprinting processing will be accepted
- Fingerprinting can be done at a Referee or Coaches Clinic – see Home Page
- Fingerprinting can be done at an L1 office - [Click here to download form](#) (below)
- If a Coaches or Referee's name is not on one of the list below, the fingerprint process must be done – see Home Page

### **National Fingerprint Lists:**

- The updated Finger printing list includes those finger printed from 2008 through 2011. To find your name simply go to the letter that corresponds with your last name. Each is in alphabetical order. Some columns may be longer than others, just continue to scroll down until your name is found.
  - If you are unable to find your name on the list, please feel free to show proof of finger printing receipt
  - See the Referee Home Page for the Combined Fingerprint List

# REQUEST FOR LIVE SCAN SERVICE

*Applicant Submission*

<b>ORI: A6119</b> <small>Code assigned by DOJ</small>	Type of Application: <b>Volunteer</b>
Job Title or Type of License, Certification or Permit: _____	

Agency Address Set Contributing Agency:	
<b>National Junior Basketball</b> <small>Agency authorized to receive criminal history information</small> <b>721 E. Ball Road #101</b> <small>Street No. Street or PO Box</small> <b>Anaheim CA 92805</b> <small>City State Zip Code</small>	<b>08875</b> <small>Mail Code (five digit code assigned by DOJ)</small>  <small>Contact Name (Mandatory for all school submissions)</small> (      ) <small>Contact Telephone No.</small>

Name of Applicant: _____ <small>(Please print) Last First MI</small>			
Alias: _____ <small>Last First</small>	Driver's License No. _____		
Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. <b>BIL</b> - _____ <small>Agency Billing Number</small>		
Height: : _____ Weight: _____	Misc. No. _____		
Eye Color: _____ Hair Color: _____	Home Address: _____ <small>Street or PO Box</small>		
Place of Birth: _____	_____ <small>City, State and Zip Code</small>		
SOC: _____			

Your Number: _____ <small>OCA No. (Agency Identifying No.)</small>	Level of Service <input checked="" type="checkbox"/> DOJ <input type="checkbox"/> FBI
If resubmission, list Original ATI No. _____	

Employer: (Additional response for agencies specified by statute)	
Employer Name _____	
Street No. _____ <small>Street or PO Box</small>	Mail Code (five digit code assigned by DOJ) _____
City _____ State _____ Zip Code _____	(      ) <small>Agency Telephone No. (optional)</small>

Live Scan Transaction Completed By: _____ <small>Name of Operator</small>			Date: _____
Transmittal Agency _____	ATI No. _____	Amount Collected / Billed _____	