

State of California Certified Small Business # 1596560

State of California

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Captial LiveScan

Office # (877) 888-8802
Sacramento, Ca. 95820
Jeff@CaptialLiveScan.com

Applicant Submission**BILLED ACCOUNT**

ORI: <u>AE689</u> <small>Code assigned by DOJ</small>	Type of Application: <u>Volunteer</u>
Job Title or Type of License, Certification or Permit: <u>Volunteer</u>	
Agency Address Set Contributing Agency: CA Youth Soccer Assoc <small>Agency authorized to receive criminal history information</small>	
<u>1040 Serpentine Lane #201</u> <small>Street No. Street or PO Box</small>	<u>15687</u> <small>Mail Code (five-digit code assigned by DOJ)</small>
<u>Pleasanton, CA 94566</u> <small>City State Zip Code</small>	<u> </u> <small>Contact Name (Mandatory for all school submissions)</small>
<u> </u> <small>Contact Telephone No.</small>	

Applicants to Fill Out Only the Section Below

Name of Applicant: <small>(Please Print)</small> Last First MI		
Driver's License No: <u> </u>		
Date of Birth: <u> </u>	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL - <u>CLS</u> <small>Agency Billing Number</small>
Height: <u> </u>	Weight: <u> </u>	Home Address: <u> </u> <small>Street No. Street or PO Box</small> <u> </u> <small>City State Zip</small>
Eye Color: <u> </u>	Hair Color: <u> </u>	
Social Security Number: <u>N/A</u>		

Below Section To be Filled Out by LiveScan Technician

Your Number: <u>XX 060622</u>	<u>RSC # 16</u>
OCA No. (Agency Identifying No.) <u> </u>	
Level of Service: <input checked="" type="checkbox"/> DOJ <input type="checkbox"/> FBI	
If resubmission, list original ATI Number: <u> </u>	
Live Scan Transaction Completed By: <u> </u>	
<u> </u> Name of Operator <u> </u> Date	
Capital Live Scan <small>Transmitting Agency</small>	ATI No: <u> </u>
Billed	

Capital LiveScan 5706 Broadway Sacramento, Ca. 95820 (916) 456-5260	www.capitallivescan.com	For Service at your location: (877) 888-8802
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ORIGINAL - Live Scan Operator

SECOND COPY - Applicant;

THIRD COPY (if needed) - Requesting Agency