

Please complete the enclosed form(s).

The request for live scan should be taken to a place to be fingerprinted after you have completed the highlighted area. Usually they charge \$15 or \$20 to do this (it is not federal, only state). Usually you can get them done quickly at those UPS package places. Or you can go to the sheriff's unit on Norris Road. You might want to call before you go to make sure you don't have to make an appointment. When they have completed the live scan they will give you 2 copies. One is for your records and you NEED to mail or bring one copy with the receipt to me.

You can mail the Administrator form and the live scan form back to me in the envelope that I have included with my return address sticker on it.

If you pass the live scan and after the games have started and you are coaching a team or actively refereeing or a team manager then we will refund up to \$20 for the live scan if you have returned the above to me.

Patricia Hall
Brigade Recreational Soccer League
(BRYSL)
1701 Potomac Ave
Bakersfield, CA 93307
661-619-8968



REQUEST FOR LIVE SCAN SERVICE

APPLICANT SUBMISSION

A2094
 ORI (Code assigned by DOJ) _____ Non-Profit Organization
 Authorized Applicant Type _____

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

Contributing Agency Information

Cal South Agency Authorized to Receive Criminal Record Information 1029 South Placentia Avenue Street Address or P.O. Box Fullerton CA 92831 City State ZIP Code		09380 Mail Code (five-digit code assigned by DOJ) Risk Management Dept. livescan@calsouth.com Contact Name Contact Email (714) 451-1518 (714) 451-1017 Contact Telephone Number Contact Fax Number
---	--	---

Applicant Information

Last Name _____		First Name _____	Middle Name _____	Suffix _____
Other Name (AKA or Alias) Last _____		Your Player's Full Name _____		Your Player's Age _____
Date of Birth _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License Number _____	State _____	
Height _____	Weight _____	Eye Color _____	Hair Color _____	
Place of Birth (State or Country) _____	Social Security Number _____		Mobile Phone Number _____ Home Phone Number _____	
Home Address or P.O. Box _____		Email Address _____		
		City _____	State _____	ZIP Code _____

Live Scan Service

Level of Service: DOJ (FBI not required)

If re-submission, list original ATI number (must provide proof of rejection): _____
 Original ATI Number _____

Applicant Role(s)

Choose all that apply:

Administrator: BRYSL (Brigade Recreational Youth Soccer League) League Name
 Referee: BRYSL (Brigade Recreational Youth Soccer League) League Name

OFFICIAL USE ONLY

Live Scan Transaction Completed By: _____

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____

YOU WILL BE GIVEN TWO COPIES (The ORIGINAL will go to the Live Scan Operator)

FIRST COPY - BRYSL (Give to BRYSL Registrar with receipt) SECOND COPY - Applicant (Please keep for your records) Please allow at least seven (7) business days for processing.