

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

**Applicant Submission**

ORI: AC637 Code assigned by DOJ Type of Application: Volunteer/VCA

Job Title or Type of License, Certification or Permit: Volunteer

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Agency Address Set Contributing Agency:

CAYO American River Youth Soccer 13725

Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

4945 St. Thomas Drive

Street No. Street or PO Box

Fair Oaks CA 95628

City State Zip Code

Contact Name (Mandatory for all school submissions)

Contact Telephone No.

**Applicants to Fill Out Only the Section Below**

Name of Applicant: \_\_\_\_\_

(Please Print) Last First MI

Driver's License No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex Male  Female

Misc. No. BIL - CLS

Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Home Address: \_\_\_\_\_

Street No. Street Name or PO Box

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

City State Zip

Social Security Number: N/A

**Below Section To be Filled Out by LiveScan Technician**

Your Number: Rancho Cordova Club  Photo  No.of Hard Cards

OCA No. (Agency Identifying No.)

Level of Service:  DOJ  FBI

If resubmission, list original ATI  Child Index  FireArms

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

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

LSID # \_\_\_\_\_ Date \_\_\_\_\_

**Capital LiveScan** ATI No: \_\_\_\_\_

(877) 888-8802

**Capital Livescan Sales Receipt**

Amount Collected:\$ \_\_\_\_\_

Debit Credit Cash Billed

DOJ Status Check Line: (916) 227-4557 Available 24/7

**Walk In Service Available At:**

<b>Capital LiveScan</b> 1515 Sports Drive Suite 400 Sacramento, CA. 95834 Phone (916)-419-7765	<b>Hours</b> M-F (9:00am-5:00pm) Saturday: Appointment Only	<b>Types of Payments</b> Billing Accounts Cash Credit/Debit Cards	<b>Capital LiveScan</b> 5705 Broadway Sacramento, Ca. 95820 (916) 456-5260	<b>Hours</b> M-F (9am-6pm) Saturday (10:00am to 2pm)
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**(Mobile Service for 10 or more Call 877-888-8802)**