

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (4/23)

Capital Live Scan

Office # (916) 456-5260

5706 Broadway

Sacramento, CA 95820

ContactUs@Capitallivescan.com

Applicant Submission

BILLED FORM ONLY

ORI: AE689 <small>Code assigned by DOJ</small>	Type of Application: VOLUNTEER
Job Title or Type of License, Certification or Permit: VOLUNTEER	
Agency Address Set Contributing Agency: CA YOUTH SOCCER ASSOCIATION	
1767 TRIBUTE RD. UNIT F	15687
<small>Street No. Street or PO Box</small>	<small>Mail Code (five-digit code assigned by DOJ)</small>
SACRAMENTO, CA 95815	<small>Contact Name (Mandatory for all school submissions)</small>
<small>City State Zip Code</small>	<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: _____		
Date of Birth: _____	SEX: Male Female	Misc. No. BIL - _____	Agency Billing Number
Height: _____	Weight: _____	Home Address:	
Eye Color: _____	Hair Color: _____	Street No.	Street or PO Box
SSN: _____	City	State	Zip
I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.			
Signature: X _____		Date: _____	

Below Section To be Filled Out by LiveScan Technician

OCA Number: 610 Yuba Sutter	<input checked="" type="checkbox"/> DOJ	Level of Service: <input type="checkbox"/> FBI
If re-submission, list original ATI Number: _____ <small>(Must provide proof of rejection)</small>	<small>(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history information of the FBI.)</small>	
Live Scan Transaction Completed By: _____	Name of Operator	LSID#
Capital Live Scan	ATI No: _____	Do Not Collect Payment
<small>Transmitting Agency</small>		<small>AMOUNT</small>

No Appointment Necessary

Other Locations	Capital Live Scan dbw Mail Box+	Office Hours
Capitallivescan.com/walk-in-locations	1000 Lincoln Rd. #H Yuba City, CA 95991 530-751-5000	Mon-Fri 9am-5pm Saturday 9-1pm Sunday Closed