REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Capital LiveScan HQ Office # (916) 456-5260 5706 Broadway Sacramento, Ca.95820

Jeff@CapitalLiveScan.com

| Applicant Submiss | ion | | | - | | |
|---|---------------------------------|------------|------------------------------------|--|---------------------------|------------------|
| | AA138 Code assigned by DOJ | | Type of Application: Volunteer | | | |
| Job Title or Type of License, Certification or Permit: | | | Volunteer | | | |
| Agency Address Set Contrib | uting Agency: | | | | | |
| | e Soccer Club, I | | _ | 18197 | | |
| Agency authorized to receive criminal history information | | | _ | Mail Code (five-digit cod | | |
| PO Box Street No. | 23772 Street or PO Box | | _ | Ellen Lawrence Contact Name (Contact Name (Mandatory for all school submissions) | | |
| Pleasant Hill | | 94523-0772 | | 925-997-1410 |) | |
| City | State | Zip Code | _ | Contact Telephone No. | | |
| | Appli | cants to | Fill Out Only | the Secti | ion Below | |
| | | | | | | |
| Name of Applicant: (Please Print) | Last | | First | | MI | |
| | | | Driver's License No: | | | |
| | | | Driver's License No. | | | |
| Date of Birth: | | SEX: Male | Female | Misc. No. BIL - | CLS Agency Billing Number | |
| Height: | | Weight: | | | 3. 7 | |
| | | | | | | |
| Eye Color: | н | air Color: | | Street No. | Street or PO Bo | |
| | | | | Street No. | Sileet of FO Bo. | |
| | | | | City | State | Zip |
| Social Security Number | r: <u>N/A</u> | | | | | |
| | | | | | | |
| | Below Sec | tion To b | e Filled Out | by LiveS | can Technicia | an |
| | | | | - | | |
| Your Number: | CA No. (Agency Identifying No.) | | | | Photo | No.of Hard Cards |
| | | | Level of S | ervice: X | DOJ | FBI |
| If resubmission, list orig | ginal ATI | | | | Child Indox | Fire Armo |
| Number: | | | | | Child Index | FireArms |
| Live Scan Trans | saction Completed | Ву: | | LSII | D# | |
| Capital Li | vaScan | ATI NIA: | Name of Operator | | A | Date |
| | | ATI No: | Oh a a la Lin | | Amount Collected | Cook Bill-1 |
| (877) 888 | -00UZ | | Check Line: 1557 Available 24/7 | | Debit Credit | Cash Billed |

Mobile Service for your Organization Call (877) 888-8802