

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

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

Contact Name (Mandatory for all school submissions)

Fair Oaks CA 95628
City State Zip Code

Contact Name Telephone No.

Name of Applicant: [Redacted]
(Please Print) Last First MI

Alias: N/A N/A Driver's License No: [Redacted]
Last First

Date of Birth: [Redacted] SEX: Male Female Misc. No. BIL - _____

Height: [Redacted] Weight: [Redacted] Misc. Number: N/A

Eye Color: [Redacted] Hair Color: [Redacted] Home Address: [Redacted]
Street No. Street or PO Box

Place of Birth: N/A [Redacted]
City State Zip

Social Security Number: N/A

Your Number: Rancho Cordova
OCA No. (Agency Identifying No.)

Level of Service: DOJ FBI

If resubmission, list original ATI

Number: _____ CACI

Employer: (Additional response for agencies specified by statute)

Employer Name _____

Street No. Street Name or P.O. Box _____

Mail Code (five digit code assigned by DOJ)

City State Zip Code _____

Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Name of Operator _____ Date _____

WePrintU

Transmitting Agency

ATI No. Photo Taken

Amount Collected/Billed