

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

**Capital LiveScan**

Office # (916)456-5260

5706 Broadway

Sacramento, CA 95820

[ContactUs@Capitallivescan.com](mailto:ContactUs@Capitallivescan.com)

**Applicant Submission**

**Billed Form Only**

ORI: <b>AL522</b> <small>Code assigned by DOJ</small>	Type of Application: <b>VOLUNTEER</b>
Job Title or Type of License, Certification or Permit: _____	
Agency Address Set Contributing Agency: <b>EAST SAC YOUTH SOCCER</b> <span style="float: right;"><b>22041</b></span>	
<small>Agency authorized to receive criminal history information</small> <b>PO BOX 191473</b>	<small>Mail Code (five-digit code assigned by DOJ)</small>
<small>Street No.</small> _____ <small>Street or PO Box</small>	<small>Contact Name (Mandatory for all school submissions)</small>
<b>SACRAMENTO CA 95819</b>	
<small>City</small> _____ <small>State</small> _____ <small>Zip Code</small>	<small>Contact Telephone No.</small>

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

Name of Applicant: _____ <small>(Please Print)</small>			
<small>Last</small>	<small>First</small>	<small>MI</small>	
Driver's License No: _____			
Date of Birth: _____	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL -	<b>CLS</b> <small>Agency Billing Number</small>
Height: _____	Weight: _____	Home Address: _____	
Eye Color: _____	Hair Color: _____	<small>Street No.</small>	<small>Street or PO Box</small>
		<small>City</small>	<small>State</small> <small>Zip</small>
Social Security Number: _____			

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

OCA Number: <b>X-1299</b>			
Level of Service: <input checked="" type="checkbox"/> DOJ <input type="checkbox"/> FBI			
If resubmission, list original ATI Number: _____			
Live Scan Transaction Completed By: _____			
<small>Name of Operator</small>	<small>LSID#</small>	<small>Date</small>	
<b>Capital Live Scan</b> <small>Transmitting Agency</small>	ATI No: _____	<b>DO NOT COLLECT</b> <small>AMOUNT</small>	

**No Appointment Necessary**

Contact Info	Capital Live Scan	Office Hours	
(916)456-5260 <a href="mailto:ContactUs@Capitallivescan.com">ContactUs@Capitallivescan.com</a>	5706 Broadway Sacramento, CA 95820	Mon-Fri	9am-6pm
		Saturday	10am-2pm
		Sunday	Closed