## **REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (05/20)

## Roseville Youth Soccer Club

## **Capital Live Scan**

Office # (916) 456-5260 5706 Broadway Sacramento, CA 95820 ContactUs@Capitallivescan.com

Applicant Submission			BILLED FORM			
ORI: Code assigned by			Type of Application:	Volunteer		
Code assigned by		ype of License, (	Certification or Permit:		Volunteer	
Agency Address Set Contribu		Socor Club			10532	
Roseville Youth Soccer Club Agency authorized to receive criminal history information				Mail Code (five-digit code assigned by DOJ)		
PO Box 355 Street No. Street or PO Box				Contact Name (Mandator	v for all school submission	(se)
Roseville CA 95678				Contact Name (Mandator		
City		Zip Code		Contact Telephone No.		
Applicants to Fill Out Only the Section Below						
Name of Applicant:			-			
Name of Applicant: (Please Print)	L		First ver's License No:		MI	
Date of Birth:		SEX: Male	Female	Misc. No. Bll -		
				Misc. No. BIL -	Agency I	Billing Number
Height:		Weight:		Home Add	ess:	
Eye Color:		Hair Color:				
				Street No.	Stree	et or PO Box
SSN		N/A				
				City	State	e Zip
l hav	ve received and	I read the included	Privacy Notice, Privacy	Act Statement, and A	pplicant's Privacy R	ights.
Signature: X				Date:		
	Rolow S	oction To I	bo Filled Out h		Tochnician	
	Deluw 3		be Filled Out b		Level of S	
OCA Number:		X-147	( (	X	DOJ	FBI
If re-submission, list original ATI Number: (Must provide proof of rejection)					fingerprints will be u	rvice indicates FBI, the sed to check the criminal nation of the FBI.)
Live Scan Trar	nsaction Com	pleted By:				
			Name of Operat	tor LSID#		Date
Capital Live Scan ATI I Transmitting Agency						COLLECT
Transmitting Age	ency				AI	MOONT
No Appointment Necessary						
Other Locations			Capital Live Scan		Office Hours	
			5706 Broadv Sacramento CA S	•	Mon-Fri Saturday	9am-6pm Closed
Capitallivescan.com/walk-in-locations			916-456-5260		Sunday	Closed