CAPITAL LIVE SCAN REQUEST FORM TO BE FILLED OUT AND SIGNED BY PARTICIPANT

State of California Certified			Si Or
	Small Business N	lumber: 1596560	Capital Live Scan
State of California		Live Scan Providers/vendors outside	
REQUEST FOR LIVE SCAN		Capital Live Scan must fax this	Capital LiveScan
SERVICE	(H:VH)	completed form to:	HQ Office # (877) 888-8802Ex.6
CLS 8016 (4/13)	MARIE	916-451-3007	WWW.capitallivescan.com
Applicant Submission	MA CUSA EL 1969	Participants that use outside Cal North	DOJ Check Status Line:
		vendors are responsible for scanning fees	(916)-227-4557 Available 24/7
Agencies ORI		PRINT LEGAL Name	of Person Fingerprinted
AE689			
712000		Last:	
Agency Name: California Youth Soccer Association Cal North			
		First:	
Mail Code: 15687			
<u>man 66de</u> . 16667		Middle Name:	Suffix:
Address: 1040 Serpentine Lane, #201 Pleasanton, CA. 94566			
		Birth Date: M	lale 🛏 Female 🛏
Application Type: Check	One	CDL No.	Other
□Volunteer	□Employee	U-lake Walake	For Colonia Holin Colonia
		Height: Weight:	Eye Color: Hair Color:
		Street #:	
JOB TITLE:		Street #.	
Check	One	Street Name:	
	toor Doforce	oti cet italiiei	
□Coach □Trainer□Volunteer □Referee		City: State	: Zip:
		Club Name:	
Circle One or Both:			
Level of Service: DOJ FBI			
Level of Service: \ D0	OJ) FBI	Mandatory Fields District N	umber: 3 League Number: 9
Level of Service: DO	DJ FBI	Mandatory Fields District N	
Level of Service: Do	DJ FBI	Mandatory Fields District N	umber: 3 League Number: 9 Sales Receipt
Level of Service: Do	DJ FBI	Mandatory Fields District N	Sales Receipt
CLS	Name of Live Scan Op		Sales Receipt
	Name of Live Scan Op		Sales Receipt Amount:\$
CLS			Sales Receipt Amount:\$ Type & Payment
CLS	Name of Live Scan Op ATI No:	perator LSID# Date:	Sales Receipt Amount:\$
CLSTransmitting Agency	Name of Live Scan Op ATI No:	perator LSID # Date:	Sales Receipt Amount:\$ Type & Payment Debit Credit Cash Billed
CLS	Name of Live Scan Op ATI No: If resubmission,	list original ATI Number: ○ California Driver's Lice	Sales Receipt Amount:\$ Type & Payment Debit Credit Cash Billed cense Passport
CLSTransmitting Agency What do I need to bring? To be Live Scan fingerprinted completed Request for Live Scanson	Name of Live Scan Op ATI No: If resubmission, you will need to procan form for your s	list original ATI Number: Ovide a pecific	Sales Receipt Amount:\$ Type & Payment Debit Credit Cash Billed cense Passport Resident Alien Card
CLSTransmitting Agency What do I need to bring? To be Live Scan fingerprinted completed Request for Live Sneed and a current valid photo	Name of Live Scan Op ATI No: If resubmission, you will need to procan form for your s	list original ATI Number: Ovide a pecific original pecific occeptable ovalid out-of-state Dr	Sales Receipt Amount:\$ Type & Payment Debit Credit Cash Billed cense
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Date:___

Signature:___