



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AA498

ORI (Code assigned by DOJ)

VOLUNTEER/VCA

Authorized Applicant Type

AYSO VOLUNTEER

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

CAYO AMERICAN YTH SOCCER

Agency Authorized to Receive Criminal Record Information

05335

Mail Code (five-digit code assigned by DOJ)

19700 S VERMONT AVE, SUITE 103

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

TORRANCE

City

CA

State

90502

ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

Other Name: (AKA or Alias)

Last Name

Sex

☐

Male

☐

Female

Date of Birth

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address

Street Address

First Name

Middle Name

Suffix (i.e., Jr., Sr. II, III)

First Name

Suffix

Driver's License Number: *If not a California license, indicate number and state.*

Billing
Number

(Agency Billing Number)

Misc.
Number

(Other Identification Number, i.e., passport, military, alien registration card: **Only** enter Other Identification Number if you **do not** have a valid driver's license. **Indicate number and type.**)

City

State

ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your AYSO Region Number:

(i.e., Region 37, 41, 84, 136, 187, 630, 889, 1455, or 1678)

Level of Service: ☒ DOJ ☐ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Frank Bernal

Name of Operator

Confidential Live Scan WB9

Transmitting Agency

LSID

Date

B

ATI Number

\$0.00

Amount Collected/Billed