



CALIFORNIA LIVESCAN

18090 Beach Blvd. # 9 upstairs

Huntington Beach, CA 92648

O (714) 787-8765

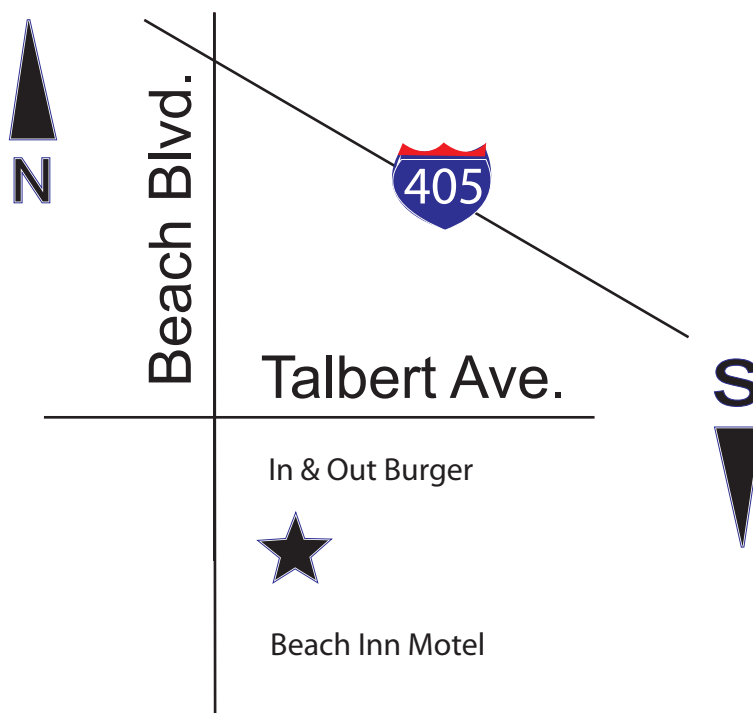
www.california-livescan.com

Office Hours: 9am to 4:45pm Mon- Fri.

*please call to confirm hours

California Live Scan is a Certified California Department of Justice fingerprint provider since 2006

We accept WALK-INS! No Appointment needed!



What To Bring:

- * Valid photo ID
- * We accept all forms of payment
- * Please bring this flyer

Directions:

- * We are located on Beach Blvd. between Ellis and Talbert Ave. and we are in the driveway right after the Beach Inn Motel.



AYSO Region 5

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AA498

ORI (Code assigned by DOJ)

Volunteer/VCA

Authorized Applicant Type

Volunteer

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

Contributing Agency Information:

American Youth Soccer

Agency Authorized to Receive Criminal Record Information

05335

Mail Code (five-digit code assigned by DOJ)

19700 S Vermont Ave Ste 103

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Torrance

City

CA

State

90250

ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Sex

Male

Female

Date of Birth

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing
Number

N/A

(Agency Billing Number)

Phone
Number

(Other Identification Number)

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

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 Number:

11K5

OCA Number (Agency Identifying Number)

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):

N/A

Employer Name

N/A

Street Address or P.O. Box

N/A

Telephone Number (optional)

N/A

City

N/A

State

N/A

ZIP Code

N/A

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

SLS

Transmitting Agency

LA9

LSID

Date

ATI Number

Amount Collected/Billed