

REQUEST FOR LIVE SCAN SERVICE

Return 1 copy of completed form to:

CYO ATHLETICS

Mailing Address: 1728 Ocean Ave. #229, San Francisco, CA 94112 • Fax: 415-988-7060

Applicant Submission

A8889

ORI

Position for which you are applying: **COACH**

Volunteer

Authorized Applicant Type: (check one)

Contributing Agency Information:

Catholic Charities

Agency Authorized to Receive Criminal Record Information

990 Eddy Street

Street Address

San Francisco, CA 94109

City

State

Zip Code

03816

Mail Code (five-digit code assigned by DOJ)

Kevin Finn, Director, CYO Athletics

Contact Name

415.988.7651

Contact Telephone Number

Applicant Information:

Last Name

Other Name

(AKA / Alias/ Maiden) Last

Date of Birth

Sex: Male Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street or P.O. Box

First Name

Middle Initial

Suffix

First

Suffix

Driver's License or State ID Number

Billing LEAVE BLANK - DO NOT BILL AGENCY

Number

Misc

Number

LEAVE BLANK

City

State

Zip Code

School to which you've applied: _____
to work or volunteer (Live Scan Operator: Enter for OCA Number)

City: _____
In which the school is located

Level of Service: **BOTH** DOJ AND FBI

If resubmission, list original ATI number (Must provide proof of rejection):

Original ATI Number

Employer: (Additional response for agencies specified by statute)

LEAVE BLANK

Employer Name

Street No

Street or PO Box

Mail Code (5 digit code assigned by DOJ)

City

State

Zip Code

Agency Telephone No. (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected

APPLICANT :

Take 2 (two) Copies of this COMPLETED form to your LiveScan appointment. The LiveScan Operator will certify the transaction by completing bottom section and return one copy to you. **MAKE 3 LEGIBLE COPIES OF THE CERTIFIED FORM AND DISTRIBUTE TO:**

1- Requesting School; **1-** CYO Athletics (address above); **1-** You must keep one for future verification. Fax a copy of your completed Livescan form to CYO Athletics at 415.988.7060.