

STATE OF CALIFORNIA
DEPARTMENT OF JUSTICE
GENERIC LIVE SCAN FORM



STATE OF CALIFORNIA
BCIA 8016
(Rev. 05/2018)

DEPARTMENT OF JUSTICE

Applicant Submission

REQUEST FOR LIVE SCAN SERVICE

Fingerprint 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:

CAYOAMERICAN YTH SOCCER
Agency Authorized to Receive Criminal Record Information

05335
Mail Code (five-digit code assigned by DOJ)

17900 S. Vermont Ave
Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Torrance CA 90502
City State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: 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):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed