Sacramento Youth Football Request for Live Scan Service

Capital LiveScan

Office # (916)456-5260 5706 Broadway Sacramento, CA 95820

Applicant Submission		Collect		
ORI: AF887	7Ту	pe of Application:	Volu	Inteer
Job Title or Type of License, Certification or Permit:				
Agency Address Set Contributing Agency:				
Sacramento Youth Football Agency authorized to receive criminal history information			16983 Mail Code (five-digit code assigned by DOJ)	
5045 College Oaks Dr. #E				
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)				
Sacramento, CA 95841 City State Zip Code Contact Telephone No.				
Applicants to Fill Out Only the Section Below				
Name of Applicant:				
(Please Print)	Last	First	MI	
Date of Birth:		s License No: Female Mi	isc. No. BIL - Ar	onlicant Must Pay
				Agency Billing Number
Height:	Weight:			
Eye Color:	Hair Color:		Home Address:	
·			reet No.	Street or PO Box
		Cit	ty	State Zip
Below Section To be Filled Out by LiveScan Technician				
OCA Number:				
Must Enter a School from List Below				
OATI: Level of Service: X DOJ				
Live Scan Transaction Completed By:				
Name of Operator LSID# Date				
ATI No: AMOUNT				
School List	Colusa	Gridley	Oroville	Shasta
American Canyon	Cordova	Highlands	Paradise	Sheldon
Anderson	Corning	Inderkum	Pioneer	St. Mary's
Antelope	Del Campo	Jesuit	Placer	Sutter
Bear River	Durham	Liberty Ranch	Pleasant Grov	e Union Mine
Bella Vista	East Nicholas	Lindhurst	Pleasant Valle	y Vacaville
Benicia	El Camino	Marysville	Ponderosa	Vista
Bradshaw Christian	El Dorado	McClatchy	Red Bluff	West Valley
Capital Christian	Elk Grove	Mesa Verde	Redding	Wheatland
Casa Robla	Enterprise	Monterey Trai	il Rio Linda	Will C Woods
Central Valley	Foothill	Natomas	River City	Willows
Chico	Foothill (S)	Nevada Union	River Valley	Woodcreek
Christian Bros	Franklin	Oakmont	Rodriguez	Woodland
Colfax	Golden Sierra	Orland	Rosemont	Yuba City