

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

03816

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

1555 39th Avenue

Melvin Landry, CYO Athletics Director

Street Address

Contact Name

San Francisco, CA 94122

415.988.7652

City State Zip Code Contact Telephone Number

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name _____ (AKA / Alias/ Maiden) Last _____ First _____ Suffix _____

Date of Birth _____ Sex: Male Female _____ Driver's License or State ID Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Number _____

Place of Birth (State or Country) _____ Social Security Number _____ Misc _____ LEAVE BLANK _____ Number _____

Home Address _____ Street or P.O. Box _____ 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 or PO Box _____ Mail Code (5 digit code assigned by DOJ) _____
Street No _____ 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; 1- You must keep one for future verification. CYO Athletics' copy can be faxed to CYO Athletics at 415.988.7060 or emailed to CYOAthletics@CatholicCharitiesSF.org. or mailed to CYO Athletics, 1728 Ocean Ave. #229, San Francisco, CA 94112.