



Mad River Youth Soccer League, Inc.

P.O. Box 103, Arcata, CA 95518 ♦ www.mrysl.com ♦ (707) 822-3333

Live Scan Instructions

Thank you for volunteering with Mad River Youth Soccer League, Inc.! As a non-profit, 501(c)(3) organization, we depend heavily on volunteers such as yourself to make our programs successful.

As one part of our program to provide a safe, healthy place for our youth to learn and play soccer, we require all coaches, assistant coaches, trainers, paid staff, board members, and all other volunteers who may have substantial contact with children, to be Live Scanned.

The only exception is if you are in the **Trustline Registry**. If you are in the Trustline Registry, please provide us with your full name and driver's license number, and we will confirm your status directly with Trustline; you do not need to be livescanned for MRYSL.

Live Scan is a fingerprint program run by the California Department of Justice. More information about the LiveScan program is available at the DOJ website (<http://ag.ca.gov/fingerprints/applicants.php>)

You only need to be Live Scanned **once** for MRYSL. However, even if you have been Live Scanned for another agency or organization, you still need to be Live Scanned for MRYSL.

To be Live Scanned, simply print out the form, "Request for Live Scan Service", which follows this note (page 3). Our information is already pre-printed on the form; all you need to do is fill out the "Applicant Information" section.



ARCATA BIG LAGOON BLUE LAKE FIELDBROOK HOOPA MANILLA
MCKINLEYVILLE SAMOA TRINIDAD WILLOW CREEK

Keep the Ball Rolling....



Then take the form to any California Live Scan location. Each location charges a “rolling fee”, for which you are responsible. The amount of the “rolling fee” may vary from location to location, but typically runs between \$20.00 and \$35.00. MRYSL pays for any other fees charged by the DOJ for the Live Scan service.

After you have been Live Scanned, please be sure to **return a copy of the form** to the MRYSL office, with the bottom portion filled out by the Live Scan location.

You can be Live Scanned at any of the following locations.

Arcata Police Dept
736 F Street
Arcata, CA 95521
(707) 822-2428

Eureka Police Dept.
604 C Street
Eureka, CA 95501
(707) 441-4060

HSU University Police
1 Harpst Street
Arcata, CA 95521
(707) 826-4654

Humboldt County Sheriff's Dept.
826 Fourth Street
Eureka, CA 95501
(707) 445-7251

Blue Lake Rancheria
Tribal Gaming Commission Office
428 Chartin Road
Blue Lake, CA 95525
(707) 668-5300

L-1 ID Solutions Enrollment Services
“The UPS Store”
3144 Broadway, Suite 4
Eureka, CA 95501
(800) 315-4507

(The location information is from the DOJ; it has not been verified by us, and may have changed)

Please let us know if you have any questions about our Live Scan project.

Thank you again for all you do for our League, our youth, and our community!



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AB770
ORI (Code assigned by DOJ)

Volunteer/Employee
Authorized Applicant Type

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

Contributing Agency Information:

Mad River Youth Soccer League, Inc.
Agency Authorized to Receive Criminal Record Information

12875
Mail Code (five-digit code assigned by DOJ)

PO Box 103
Street Address or P.O. Box

Tim Canning
Contact Name (mandatory for all school submissions)

Arcata CA 95518
City State ZIP Code

(707) 822-3333
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 146559
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number n/a
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: n/a
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Mad River Youth Soccer League, Inc.
Employer Name

12875
Mail Code (five digit code assigned by DOJ)

PO Box 103
Street Address or P.O. Box

Arcata CA 95518
City State ZIP Code

+1 (707) 822-3333
Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed

**GUIDELINES FOR COMPLETING
“REQUEST FOR LIVE SCAN SERVICE FORM”**

FIELD	COMMENT
ORI (Originating Agency Identifier):	This is a number assigned by DOJ to identify authorized users. Each agency must have an assigned ORI prior to submitting fingerprints.
TYPE OF APPLICATION:	Example: Peace Officer, State Employee, Employment, License, Permit, etc. The application type determines the dissemination criteria used in preparing the response, and each authorized agency has specific application type(s) it is permitted to use. Since agencies may have more than one authorized application type, it is important this field be filled out correctly.
JOB TITLE OR TYPE OF LICENSE, CERTIFICATION OR PERMIT:	Example: Petition for Adoption, Emergency Child Placement, Foster Family Home, Volunteer, etc. This is a free-form field where the agency can include the specific job title, license, certificate or permit being requested. If the Application Type and Title conflict (e.g., Foster Family License applicant type, and Petition for Adoption application title) the transaction may be rejected.
AGENCY ADDRESS SET CONTRIBUTING AGENCY:	Please print or attach a pre-printed label containing the name and address label of the authorized applicant agency requesting the fingerprint check. Those agencies authorized to use generic ORIs must ensure that the agency name in this field is identical to the name used when the ORI was authorized, otherwise the transaction may be rejected.
MAIL CODE:	This is a unique number assigned by the Department of Justice to those agencies which have requested responses by electronic mail or fax. If this code is not entered, the response may be printed out and mailed instead of sent electronically. An incorrect code will cause the response to be sent to the wrong agency.
CONTACT NAME:	Enter the person’s name at the agency who is authorized to receive the response. THIS IS MANDATORY FOR APPLICANTS REQUIRING A CHILD ABUSE INDEX CHECK
CONTACT TELEPHONE NUMBER:	Enter the phone number for the Contact Person. THIS IS MANDATORY FOR APPLICANTS REQUIRING A CHILD ABUSE INDEX CHECK
NAME OF APPLICANT & PERSONAL DESCRIPTORS:	Enter the requested information.
MISC NO. BIL (Billing Number):	If the agency has been assigned a billing number by the Department of Justice, that number should be recorded here. If the agency does not have a billing number, the applicant should be prepared to pay all fees associated with the transaction directly to the Live Scan operator.
HOME ADDRESS:	The applicant’s home address is mandatory for applicants requiring a Child Abuse Index check and where statute requires a notification to the applicant as well as the agency.
YOUR NUMBER:	Some agencies assign a unique number to each applicant. A field is provided for this number for the agency’s convenience to help match the response to the correct applicant (this can be helpful if you have applicants with similar names).
LEVEL OF SERVICE:	Please check the appropriate box(es). Please note that your agency must be authorized by statute to receive the information requested. In addition, the APPLICANT TYPE will dictate the level(s) of service permitted. In those situations where the FBI level of service is permitted, you must check the FBI box or you will not receive a response from the FBI.
ORIGINAL ATI (Applicant Transaction Identifier) NO.:	FOR RE-SUBMISSIONS ONLY. The ATI is recorded on the last line of the Live Scan Request form by the Live Scan operator when the transaction is completed. If the applicant’s fingerprints were previously rejected and are now being re-submitted, the ATI from the ORIGINAL Live Scan Request form must be included or the agency will be charged again for the transaction.
EMPLOYER:	This field is required to be completed if a response is required to be sent to the employer in addition to, or instead of, the submitting agency, (i.e., a facility licensed by the Department of Social Services).