

## PACIFIC ASSOCIATION USATF CRIMINAL BACKGROUND SCREENING PROGRAM

Enclosed with this letter you will find a Request for Live Scan Service application. for you and the coaches listed on your club form who are current 2008 USATF members. You will need to take this form with you along with photo proof of ID, to have a Live Scan done at your local police department or agency.

The list of agencies and police, departments that perform live scans can be found on the Department of Justice website at this address:

http://ag.ca.gov/fingerprints/publications/contact.php

On this list find your county and look for the nearest Live Scan operator. Please note that each operator may have different hours of operation and in some cases may require an appointment. Also be sure that the scan operator has updated their system which is to be done on a weekly basis. If their system is not updated they may not have our ORI number in their system and you cannot get scanned at this location.

You will need to pay the FBI fee (\$18) and scan fee (\$10-20) but not the DOJ fee (\$32) which is being waived due to our not-for-profit staus. Send your receipt to my office and we will reimburse you for these fees.

If you add other coaches/parent/volunteers during the year, they will need to be scanned also. Please send me their names and 2008 USATF numbers and I will send them the scan forms.

Once you are scaaued you will not need to do this again. The DOJ will continue to track all persons until you decide to retire from coaching.

Thank you for your cooperation with this most valuable progam.

Sincerely,

John Mansoor, Executive Director

## REQUEST FOR LIVE SCAN SERVICE Applicant Submission

lob Title or Type of License, Certifcation or Permit:	Coach
Agency Address Set Contributing Agency:	
Pacific Association gency authorized to receive criminal history information	11036
120 Ponderosa Ct.	
treet No. Street or PO Box	
Folsom CA, 95630 ity State/Zip Code	(916)983-4715 Contact Telephone Number
Name of Applicant:	
Alias:	Driver's License No
Date of Birth: Sex: Male Female	Misc. No. BIL - 147771  Agency Billing Number
Height: Weight:	
Eye Color:Hair Color:	Home Address:
Place of Birth:	City, State and Zip code
SOC:	
Your Number: OCA (Agency Identifying Number)	 Level of Service: X DOJ X FB
f resubmission, list original ATI No	
Employer: (Additional response for agnecies specified by statute)	
imployer Name	
treet No. Street or PO Box	11036  Mail Code (five digit code assigned by DOJ)
Tity State/Zip Code	Agency Telephone Number (optional)
Live can Transaction Completed By: Name of	Operator Date:

ATI No.

Amt. Collected/Billed

Transmitting Agency