



# Both pages must be completed

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## REQUEST FOR LIVE SCAN SERVICE (California Volunteer and Employee Criminal History Service)

### Applicant Submission

**A4067**

ORI (Code assigned by DOJ)

**VECHS / VOLUNTEER 11105.3PC (92249)**

Authorized Applicant Type

NCPA/VCA

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

### Contributing Agency Information:

**Trans Valley Youth Football League**

Agency Authorized to Receive Criminal Record Information

**3220 W. Monte Vista Ave 199**

Street Address or P.O. Box

**Turlock**

City

**CA**

State

**95380**

ZIP Code

**07400**

Mail Code (five-digit code assigned by DOJ)

**Alfonzo Nava info@tvfyl.us**

Contact Name (mandatory for all school submissions)

Contact Telephone Number

### Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Sex ☐ Male ☐ Female

Date of Birth

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)

Address for  
Receiving  
Copy of  
Criminal  
History

Street Address or P.O. Box

City

State

ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

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):

**Trans Valley Youth Football League**

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

**07400**

City State ZIP Code

Mail Code (five digit code assigned by DOJ)

### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



**CalVECHS WAIVER AGREEMENT  
FOR RELEASE OF CRIMINAL OFFENDER RECORD INFORMATION**

Pursuant to the Penal Code section 11105.3 and the National Child Protection Act, as amended by the Volunteers for Children Act, this form must be completed and signed by every current or prospective applicant, employee, or volunteer, for whom criminal offender record information (CORI) is requested by a qualified agency under these laws.

I hereby authorize **Trans Valley Youth Football League**

\_\_\_\_\_  
Name of Qualified Agency

to submit a set of my fingerprints to the California Department of Justice for the purpose of accessing and reviewing state and federal CORI that may pertain to me. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any state and federal CORI that may pertain to me to the qualified agency.

I understand that, until the CORI background check is completed, the qualified agency may choose to deny me unsupervised access to children, the elderly, the handicapped, or the mentally impaired. I further understand that if the information is the basis for an adverse decision, the qualified agency will expeditiously provide me a copy of the CORI background check report, and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before a final decision is made.

☐ Yes, I have (OR) ☐ No, I have not been convicted of or pled to a crime.

If yes, please describe the crime(s) and the particulars:

\_\_\_\_\_  
I am a current or prospective (circle one): Applicant / Employee / Volunteer

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Address for receiving copy of criminal history \_\_\_\_\_

To Be Completed By Qualified Agency:

Agency Name **Trans Valley Youth Football League**

Address **3220 W. Monte Vista Ave 199, Turlock CA 95380**

Telephone **info@tvfyl.us**

**Note: This document must be retained by the qualified agency for audit purposes.**