

REQUEST FOR LIVE SCAN SERVICE

APPLICANT SUBMISSION

A2094 Non-Profit Organization
 ORI (Code assigned by DOJ) Authorized Applicant Type

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

Contributing Agency Information

Cal South 09380
 Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)

1029 South Placentia Avenue Risk Management Dept. livescan@calsouth.com
 Street Address or P.O. Box Contact Name Contact Email

Fullerton CA 92831
 City State ZIP Code (714) 451-1518
Contact Telephone Number

Applicant Information

Last Name First Name Middle Name Suffix

Other Name (AKA or Alias) Last Other Name First Other Name Middle Suffix

Date of Birth Sex Male Female Driver's License Number State

Height Weight Eye Color Hair Color Mobile Phone Number Home Phone Number

Place of Birth (State or Country) Social Security Number Email Address

Home Address or P.O. Box City State ZIP Code

Live Scan Service

Level of Service: DOJ (FBI not required)

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

Applicant Role(s)

Choose all that apply:

Administrator: Club/League Name Referee: Referee Association or "New Referee"

OFFICIAL USE ONLY

Live Scan Transaction Completed By: Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed

PRINT TWO COPIES