

REQUEST FOR LIVE SCAN SERVICE

APPLICANT SUBMISSION

A2094 ORI (Code assigned by DOJ)	Non-Profit Organization Authorized Applicant Type
Volunteer	
Type of License/Certification/Permit <u>OR</u> Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)	

Contributing Agency Information

Cal South Agency Authorized to Receive Criminal Record Information	09380 Mail Code (five-digit code assigned by DOJ)		
1029 South Placentia Avenue Street Address or P.O. Box	Risk Management Dept. Contact Name	livescan@calsouth.com Contact Email	
Fullerton City	CA State	92831 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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License Number	State
Height	Weight	Eye Color	Hair Color
Mobile Phone Number	Home Phone Number	Email Address	
Place of Birth (State or Country)	Social Security Number	City	State ZIP Code
Home Address or P.O. Box			

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

ORIGINAL - Live Scan Operator SECOND COPY - Applicant (please keep for your records) Please allow at least seven (7) business days for processing.