



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

Applicant Submission

<u>A2094</u>	<u>VECHS / Volunteer 11105.3PC</u>
<u>ORI (Code assigned by DOJ)</u>	<u>Authorized Applicant Type</u>
<u>VOLUNTEER</u>	<u>92072 Volunteer</u>
<u>Type of License/Certification/Permit OR Working Title</u>	<u>CJIS Code</u>

Contributing Agency Information:

<u>Cal South</u>	<u>09380</u>
<u>Agency Authorized to Receive Criminal Record Information</u>	<u>Mail Code (five-digit code assigned by DOJ)</u>
<u>2166 W. Broadway #1034</u>	<u>Risk Management Dept.</u>
<u>Street Address or P.O. Box</u>	<u>Contact Name (mandatory for all school submissions)</u>
<u>Anaheim</u> <u>CA</u> <u>92804</u>	<u>714-778-2972</u> <u>livescan@calsouth.com</u>
<u>City</u> <u>State</u> <u>ZIP Code</u>	<u>Contact Telephone Number & Email</u>

Applicant Information:

<u>Last Name</u>	<u>First Name</u>	<u>Middle Initial</u>	<u>Suffix</u>
<u>Other Name: (AKA or Alias)</u>			
<u>Last Name</u>	<u>First Name</u>		<u>Suffix</u>
<u>Sex</u> <input type="checkbox"/> Male <input type="checkbox"/> Female			
<u>Date of Birth</u>	<u>Driver's License Number</u>		
<u>Height</u> <u>Weight</u> <u>Eye Color</u> <u>Hair Color</u>	<u>Billing Number</u>		
	<small>(Agency Billing Number)</small>		
<u>Place of Birth (State or Country)</u>	<u>Misc. Number</u>		
	<small>(Other Identification Number)</small>		
<u>Address</u>	<u>City</u>	<u>State</u>	<u>ZIP Code</u>
<small>Street Address or P.O. Box</small>			
<u>Email:</u>			

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

Applicant Signature

Date

Your Number: California State Soccer Association- Cal South-5890
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

Live Scan Transaction Completed By:

<u>Name of Operator</u>	<u>Date</u>
<u>Transmitting Agency</u> <u>LSID</u>	<u>ATI Number</u> <u>Amount Collected/Billed</u>