



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 _____ 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
Fullerton _____ City	(714) 451-1518 _____ Contact Telephone Number
CA _____ State	livescan@calsouth.com _____ Contact Email
92831 _____ ZIP Code	(714) 451-1017 _____ Contact Fax 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

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