



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

### Applicant Submission

A2094	Non- Profit Organization
ORI (Code assigned by DOJ)	Authorized Applicant Type
NCPA/VCA VECHS/VOLUNTEER11105.3PC (92249)	92072 Volunteer
Type of License/Certification/Permit <u>OR</u> Working Title	CJIS Code

### Contributing Agency Information:

Cal South	09380
Agency Authorized to Receive Criminal Record Information	Mail Code (five-digit code assigned by DOJ)
2166 W. Broadway #1034	Risk Management Dept.
Street Address or P.O. Box	Contact Name (mandatory for all school submissions)
Anaheim	714-451-1518
City	livescan@calsouth.com
CA	Contact Telephone Number & Email
State	
92804	
ZIP Code	

### Applicant Information:

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

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:

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