

REQUEST FOR LIVE SCAN SERVICE

APPLICANT SUBMISSION

A2094
ORI (Code assigned by DOJ)
Volunteer
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Non-Profit Organization
Authorized Applicant Type

Contributing Agency Information

Cal South
Agency Authorized to Receive Criminal Record Information
1029 South Placentia Avenue
Street Address or P.O. Box
Fullerton CA 92831
City State ZIP Code

09380
Mail Code (five-digit code assigned by DOJ)
Risk Management Dept. livescan@calsouth.com
Contact Name Contact Email
(714) 451-1518
Contact Telephone Number

Applicant Information

Last Name
Other Name (AKA or Alias) Last
Date of Birth Sex ☐ Male ☐ Female
Height Weight Eye Color Hair Color
Place of Birth (State or Country) Social Security Number
Home Address or P.O. Box

First Name Middle Name Suffix
Other Name First Other Name Middle Suffix
Driver's License Number State
Mobile Phone Number Home Phone Number
Email Address
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

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