



## 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. Contact Name (714) 451-1518 Contact Telephone Number	livescan@calsouth.com Contact Email (714) 451-1017 Contact Fax Number
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### 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 _____	
Place of Birth (State or Country) _____ Social Security Number _____	Email Address _____	_____	
Home Address or P.O. Box _____	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: SMVYSA  
 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