



CalSouth

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

Applicant Submission

A2094

ORI (Code assigned by DOJ)

NCPA/VCA VECHS/VOLUNTEER11105.3PC (92249)

Type of License/Certification/Permit OR Working Title

Non- Profit Organization

Authorized Applicant Type

92072 Volunteer

CJIS Code

Contributing Agency Information:

Cal South

Agency Authorized to Receive Criminal Record Information

2166 W. Broadway #1034

Street Address or P.O. Box

Anaheim

CA

92804

City

State

ZIP Code

09380

Mail Code (five-digit code assigned by DOJ)

Risk Management Dept.

Contact Name (mandatory for all school submissions)

714-451-1518

livescan@calsouth.com

Contact Telephone Number & Email

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

Sex Male Female

Date of Birth

First Name

Height

Weight

Eye Color

Hair Color

Driver's License Number

Billing

Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.

Number

(Other Identification Number)

Address

Street Address or P.O. Box

City

State

ZIP Code

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