



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 | Weight | Eye Color | Hair Color |
| Billing Number | | (Agency Billing Number) | |
| Place of Birth (State or Country) | Social Security Number | Misc. Number | |
| | | (Other Identification 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 |