



REQUEST FOR LIVE SCAN SERVICE



APPLICANT SUBMISSION

A2094	Non-Profit Organization
ORI (Code assigned by DOJ)	Authorized Applicant Type
Volunteer	
Type of License/Certification/Permit <u>OR</u> Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)	

Contributing Agency Information

Cal South	09380	
Agency Authorized to Receive Criminal Record Information	Mail Code (five-digit code assigned by DOJ)	
1029 South Placentia Avenue	Risk Management Dept.	livescan@calsouth.com
Street Address or P.O. Box	Contact Name	Contact Email
Fullerton	(714) 778-2972	(714) 451-1017
City	Contact Telephone Number	Contact Fax Number
CA		
92831		
State		
ZIP Code		

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	☐ Male	☐ Female
Height	Weight	Eye Color	Hair Color
Place of Birth (State or Country)	Social Security Number	Driver's License Number	State
Home Address or P.O. Box	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: Platinum IE - 0589 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.