



# 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 OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) \_\_\_\_\_

## Contributing Agency Information

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

## 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 _____
Place of Birth (State or Country) _____		Social Security Number _____		Home Phone Number _____
Home Address or P.O. Box _____		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