



Reset Form

Print Form

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. _____ Contact Name	
Fullerton _____ CA 92831 _____ City State ZIP Code		livescan@calsouth.com _____ Contact Email	
		(714) 451-1518 _____ Contact Telephone Number	
		(714) 451-1017 _____ 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 _____		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: Palmdale Youth Soccer - 0607 _____
 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