



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

Last Name Other Name (AKA or Alias) Last Date of Birth Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Height Weight Eye Color Hair Color Place of Birth (State or Country) Social Security Number Home Address or P.O. Box	First Name Middle Name Suffix Other Name First Other Name Middle Suffix Driver's License Number State Mobile Phone Number Home Phone Number Email Address City State ZIP Code
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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 League - 0607 Referee: _____
Club/League Name 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

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