

Request for Live Scan Service

Applicant Submission

ORI: **A2094** Type of Applicant: **NON Profit Youth Org.** Job Title/Type of License/Cert/Permit: **Volunteer**

Agency Address Set Contributing Agency:

Cal South

Agency Authorized to receive Criminal History Information

1029 South Placentia Ave.

Street No. Street or P.O. Box

Fullerton, Ca 92831

City State Zip Code

09380

Mail Code (five digit code assigned by DOJ)

Lisa Wolfs

Contact Name

(714) 451-1520

(714) 441-0715

Contact Telephone No. Fax No.

Name of Applicant: _____
Last Name First Name MI

Alias: _____ Driver's License: _____

Date of Birth: _____ SEX: Male Female

Height _____ Weight _____ Eye Color _____ Hair Color _____ Social Security No. _____

Home Address: _____ City: _____ State: _____ Zip: _____

Place of Birth: _____ City: _____ State: _____ Zip: _____

Level of Service **DOJ** (Required)

If Resubmission, List Original ATI # (OATI#) _____

Home No: _____ Work No. _____

Email: _____

Choose One (OCA):

League Administrator

Referee

League Name: _____

Referee Assoc: _____

Live Scan Transaction Completed By: _____ Date: _____

Transmitting Agency _____ ATI No. _____ Amount Collected _____

Original - Live Scan Operator

Second Copy - Cal South

Third Copy: Applicant

IMPORTANT KEEP THIS FOR YOUR RECORD

Print Form

Submit by Email