

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 S Placentia Avenue

Street # Street or PO 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 # Fax #

Name of Applicant: _____
Last Name First Name MI

Alias: _____
Last Name First Name Driver's License _____

Date of Birth: _____ Sex: Male Female Misc. No. BIL: Not Applicable

Height _____ Weight: _____ Eye Color: _____ Hair Color: _____ Misc. No.: None

Home Address: _____ City _____ State _____ Zip _____

Place of Birth: _____ City _____ State _____ Zip _____

SSN _____

OCA #: Not Applicable Level of Service **DOJ** (Required) **FBI** (Not Required)

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

Employer: (Additional response for agencies specified by statute) **NOT REQUIRED**

Employer Name: _____ Agency Telephone (optional) _____

Employer Add.: _____ City _____ State _____ Zip _____

Employer Mail Code (5-digits) _____

Cal South Applicant Additional Information: **MANDATORY**

Email _____ Home Number _____ Work Number _____

League Name _____ Team Name _____

Live Scan Transaction Completed By: _____ Date: _____

Transmitting Agency

ATI #

Amount Collected

Original - Live Scan Operator **Second Copy** - Cal South **Third Copy** - Applicant