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#) _____

Email: _____ Home No: _____ Work No. _____

Choose One (OCA):

☐ League Administrator
League Name: _____

☐ Referee
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