

# 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