

# 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) 451-1518**

Contact Telephone #

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: **REQUIRED FOR ALL ADMINISTRATORS**

Email \_\_\_\_\_ Home Number \_\_\_\_\_ Work Number \_\_\_\_\_

League Name \_\_\_\_\_ Team Name \_\_\_\_\_

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Transmitting Agency \_\_\_\_\_ ATI # \_\_\_\_\_ Amount Collected \_\_\_\_\_