



REQUEST FOR LIVE SCAN SERVICE

APPLICANT SUBMISSION

A2094 ORI (Code assigned by DOJ)	Non-Profit Organization Authorized Applicant Type
Volunteer	
Type of License/Certification/Permit <u>OR</u> Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)	

Contributing Agency Information

Cal South Agency Authorized to Receive Criminal Record Information	09380 Mail Code (five-digit code assigned by DOJ)
1029 South Placentia Avenue Street Address or P.O. Box	Risk Management Dept. livescan@calsouth.com
Fullerton City	CA 92831 State ZIP Code
	Contact Name Contact Email
	(714) 451-1518 (714) 451-1017
	Contact Telephone Number Contact Fax Number

Applicant Information

Last Name		First Name	Middle Name	Suffix
Other Name (AKA or Alias) Last		Player Name		
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License Number	State	
Height	Weight	Eye Color	Hair Color	
Mobile Phone Number	Home Phone Number			
Place of Birth (State or Country)	Social Security Number	Email Address		
Home Address or P.O. Box	City	State	ZIP Code	

Live Scan Service

Level of Service: DOJ (FBI not required)

If re-submission, list original ATI number (must provide proof of rejection): _____
Original ATI Number

Applicant Role(s)

Choose all that apply:

Administrator: BRYSL
Club/League Name

OFFICIAL USE ONLY

Live Scan Transaction Completed By:

Name of Operator	Date
Transmitting Agency	LSID
ATI Number	Amount Collected/Billed

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