

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A2094 Type of Applicant: NON PROFIT YOUTH ORGANIZATION  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: VOLUNTEER

Agency Address Set Contributing Agency:

<u>CAL SOUTH</u> Agency authorized to receive criminal history information	<u>09380</u> Mail Code (five digit code assigned by DOJ)
<u>1029 S. PLACENTIA AVE</u> Street No. Street or P.O. Box	<u>LISA WOLFS</u> Contact Name (Mandatory for all school submissions)
<u>FULLERTON CA 92831</u> City State Zip Code	<u>( 714 ) 451 - 1518</u> Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Misc. No. BIL - \_\_\_\_\_  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. No: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Street or P.O. Box

Place of Birth: \_\_\_\_\_  
City, State and Zip Code

SOC: \_\_\_\_\_

Your Number: \_\_\_\_\_ Level of Service  DOJ  FBI  
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)

\_\_\_\_\_  
Employer Name

_____ Street No.	_____ Street or P.O. Box	_____ Mail Code (five digit code assigned by DOJ)
_____ City	_____ State Zip Code	_____ Agency Telephone No. (optional)

Cal South Applicant Additional Information:

E-Mail \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Day Phone Evening Phone

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

Date: \_\_\_\_\_ Sign: \_\_\_\_\_

**PRINT FORM THREE COPIES NEEDED**

ORIGINAL-Live Scan Operator; SECOND COPY-Requesting Agency; THIRD COPY-Applicant