

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: <u> A0281 </u> Type of Application: <u> License/Certification/Permit </u>	
Code assigned by DOJ	
Job Title or Type of License, Certificate or Permit: <u> TEACHER CRED 44340 EC </u>	
Agency Address Set Contributing Agency	
CASM TEACHER CREDENTIALING	03294
Agency authorized to receive criminal history information	
1900 Capitol Avenue	
Street No. Street or PO Box	Contact Name (Mandatory for all school submissions)
Sacramento CA 95811-4213	
City State Zip Code	Contact Telephone No.
*Name of Applicant: _____	
(Please print) Last First MI	
*Alias: _____	*CA Driver's License #: _____
Last First	
*Date of Birth: _____ *Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL- _____
	Agency Billing Number
*Height: _____ *Weight: _____	*Phone Number: _____
*Eye Color: _____ *Hair Color: _____	*Home Address: _____
*Place of Birth: _____	Street No. Street or PO Box
*Social Security # (full): _____	City, State and Zip Code
	* Required Fields
*OCA Number: _____	Level of Service: <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI
(SSN# or ITIN#)	
If resubmission, list Original ATI Number: _____	
SUPPLEMENTAL AGENCY/EMPLOYER	
(County Office of Education/School District)	
Employer Name	
Street No. Street or PO Box	Mail Code (COE/SD five digit code assigned by DOJ)
City State Zip Code	Agency Telephone # (optional)
Live Scan Transaction Completed by:	
Name of Operator LSID Date	
Transmitting Agency ATI Number	\$69.00 #
	Amount Collected