

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0281 Type of Application: (check one) Employment License, Certification, Permit Volunteer

Job Title or Type of License, Certification or Permit: Applicant for Teacher Credential

Agency Address Set Contributing Agency:

California Commission on Teacher Credentialing

Agency authorized to receive criminal history information

03294

Mail Code (five-digit code assigned by DOJ)

Box 944270 (1900 Capitol Avenue)

Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

Sacramento, CA 94244-2700

City State Zip Code

(916) 445-7254

Contact Telephone No.

Name of Applicant: _____
(Please Print) Last First MI

AKA's _____ CDL No. _____

DOB: _____ SEX: Male Female Misc No. BIL -
Agency Billing Number (if applicable)

HT: _____ WT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

POB: _____
Street or PO Box

SOC: _____
City, State and Zip Code

Your Number: _____ OCA No. (Applicant's Social Security No.) _____
Level of Service DOJ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name _____

Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)

City State Zip Code () Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

41-LS 7/00