

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

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Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____

Name of Operator

Date _____

Transmitting Agency _____

ATI No. _____

Amount Collected/Billed

41-LS 7/00