

**This form can be obtained in Human Resources.
Do not use this sample.**

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission for Public Schools or Joint Powers Agencies

ORI: _____
Code assigned by DOJ

Type of Application: (check one) Classified School Emp Credentialed School Emp
The following selections are for Public Schools only:

License, Certification, Permit Peace Officer Law Enforcement Personnel Volunteer

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

Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information _____ Mail Code (five-digit code assigned by DOJ) _____

Street No. _____ Street or PO Box _____ Contact Name (Mandatory for all school submissions) _____

City _____ State _____ Zip Code _____ () _____
Contact Telephone No. _____

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

AKA's: _____ CDL No. _____
Last First

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 Oeg/IRA or Public Utility submission)

POB: _____ Street or PO Box _____

SOC: _____ City, State and Zip Code _____

Your Number: _____
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____ Level of Service DOJ FBI

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

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