

# 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

**Box 944270 (1900 Capitol Avenue)**

Street No. Street or PO Box

**Sacramento, CA 94244-2700**

City State Zip Code

**03294**

Mail Code (five-digit code assigned by DOJ)

Contact Name (Mandatory for all school submissions)

**(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