



REQUEST FOR LIVE SCAN SERVICE (Public Schools or Joint Powers Agencies)

Applicant Submission

ORI: A 6898 _____ Type of Applicant: Classified School Employee Credentialed School Employee
Code assigned by DOJ

The following selections are for Public Schools only:

License, Certification, Permit Peace Officer Law Enforcement Officer Volunteer

Type of License/Certification/Permit OR Working Title: _____
(Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

CA MONTESSORI PROJECT - CAP
Agency Authorized to Receive Criminal Record Information
5330-A GIBBONS DR, STE 700
Street Address or P.O. Box
CARMICHAEL CA 95608
City State ZIP Code

06733
Mail Code (five-digit code assigned by DOJ)
LISA COATES
Contact Name (mandatory for all school submissions)
(916) 971-2432
Contact Telephone Number

Applicant Information:

Last Name _____
Other Name (AKA or Alias) Last _____
Date of Birth _____ Sex Male Female
Height _____ Weight _____ Eye Color _____ Hair Color _____
Place of Birth (State or Country) _____ Social Security Number _____
Home Address Street Address or P.O. Box _____

First Name _____ Middle Initial _____ Suffix _____
First _____ Suffix _____
Driver's License Number _____
Billing Number _____
(Agency Billing Number)
Misc. Number _____
(Other Identification Number)
City _____ State _____ ZIP Code _____

Your Number: _____
(OCA Number (Agency Identifying Number))

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection) _____
Original ATI Number

Live Scan Transaction Completed By:

Name of Operator _____ Date _____
Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____