

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

ORI: A4448

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:

LA MESA - SPRING VALLEY SCHOOL DISTRICT

Agency authorized to receive criminal history information

01771

Mail Code (five-digit code assigned by DOJ)

4750 DATE AVENUE

Street or PO Box Number

Katie Kenley

Contact Name (Mandatory for all school submissions)

LA MESA

CA

91942

(619) 668-5700 X 6375

City

State

Zip Code

Contact Telephone Number

Name of Applicant: _____

(Please print)

Last

First

MI

AKA's _____

Last

First

CDL NO: _____

DOB: _____

SEX: Male

Female

Misc No. BIL140288

HT: _____

WT: _____

Misc No. _____

(Applies only if Youth Org/HRA or Public utility submission)

EYE Color: _____

HAIR Color: _____

Home Address: _____

PLACE OF BIRTH: _____

Street or PO BOX

SSN: _____

City, State and Zip Code

Your Number: _____

OCA No. (Agency Identifying No)

Level of Service

DOJ

FBI

If resubmission, list Original ATI No. _____

Live Scan Transaction Completed By: _____

Date _____

Name of Operator

Transmitting Agency

ATI NO

Amount Collected/ Billed

Signature

Phone

Date

BC11 8016 (REV01/14) ORIGINAL- Live Scan Operator; SECOND COPY- Requesting Agency; THIRD COPY-Requesting Agency