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

Applicant Submission

ORI: A0608 (Code assigned by DOJ) Type of Applicant: ☐ Classified School Employee ☐ Credentialed School Employee

The following selections are for Public Schools only:

☒ License, Certification, Permit ☐ ~~Peace Officer~~ ☐ ~~Law Enforcement Officer~~ ☐ Volunteer

Employee New Hire

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

Contributing Agency Information:

Yosemite Community College District
Agency Authorized to Receive Criminal Record Information

03198
Mail Code (five-digit code assigned by DOJ)

P.O. Box 4065
Street Address or P.O. Box

Barbara Wolf Chase
Contact Name (mandatory for all school submissions)

Modesto (City) CA (State) 95352 (ZIP Code)

(209) 575-6968
Contact Telephone Number

Applicant Information:

Last Name | First Name | Middle Initial | Suffix

Other Name: (AKA or Alias)

Last | First | Suffix

Date of Birth Sex ☐ Male ☐ Female Driver's License Number

Height | Weight | Eye Color | Hair Color Billing Number _____ (Agency Billing Number)

Place of Birth (State or Country) | Social Security Number Misc. Number _____ (Other Identification Number)

Home Address: Street Address or P.O. Box | City | State | ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature Date

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

Level of Service: ☒ DOJ ☐ FBI

$49.00 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