



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

### Applicant Submission

ORI: A0608 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:

Yosemite Community College District  
Agency Authorized to Receive Criminal Record Information

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

Modesto CA 95352  
City State ZIP Code

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

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

\_\_\_\_\_  
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 140512  
\_\_\_\_\_  
(Agency Billing Number)

Misc. Number \_\_\_\_\_  
\_\_\_\_\_  
(Other Identification Number)

\_\_\_\_\_  
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

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