



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