

**REQUEST FOR LIVESCAN SERVICE**  
**Commission on Teacher Credentialing only**

ORI:     A0281      
Code assigned by DOJ

Type of Application:     License/Certification/Permit    

Job Title or Type of License, Certification of Permit:     Teacher Cred 44340 EC    

Agency Address Set Contributing Agency:

    CASM TEACHER CREDENTIALING         03294      
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

    1900 Capitol Avenue         None      
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)

    Sacramento         CA         95811-4213         None      
City State Zip Code Contact Telephone Number

Name of Applicant: \_\_\_\_\_  
Last First MI

Email Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: Male Female BIL Code:     Not Available      
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Street or PO Box \_\_\_\_\_

Social Security #: \_\_\_\_\_ City, State and Zip Code \_\_\_\_\_

Your Number \_\_\_\_\_  
OCA No. (Agency Identifying Number)

Level of Service:  DOJ  FBI

If resubmission, list Original ATI No. \_\_\_\_\_

Live Scan Transaction Completed By:     MP CR DZ SF     Date: \_\_\_\_\_  
Name of Operator

    OCDE         B     \$     Cash/CK#     /Chrg  
Transmitting Agency ATI Number Amount Collected/ Billed