



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

ORI (Code assigned by DOJ)

**Substitute Teacher**

**Credential School Employee**

Authorized Applicant Type

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

#### Contributing Agency Information:

**OCDE - Clearing House**

Agency Authorized to Receive Criminal Record Information

**200 Kalmus Drive**

Street Address or P.O. Box

**Costa Mesa**

City

CA

State

**92626**

ZIP Code

**03684**

Mail Code (five-digit code assigned by DOJ)

**Donna Mantei**

Contact Name (mandatory for all school submissions)

**714-966-4306**

Contact Telephone Number

#### Applicant Information:

Last Name

Other Name: (AKA or Alias)

Last Name

Date of Birth Sex  Male  Female  Nonbinary/Unspecified

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 Name Suffix

Driver's License Number

Billing Number **Not Applicable**

(Agency Billing Number)

Phone 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 the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: Original ATI Number (Must provide proof of rejection)

#### Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City State ZIP Code Mail Code (five digit code assigned by DOJ)

#### Live Scan Transaction Completed By:

**EB MP CR DZ**

Name of Operator

**OCDE**

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed