REQUEST FOR LIVE SCAN SERVICE

FORM 41-LS Rev. 04/15

Applicant Submission

Section 1

ORI: A0281 (Code assigned by DOJ)

Type of Application: License/Certification/Permit

Job Title or Type of License, Certification or Permit: TEACHER CRED 44340 EC

Section 2

Agency Address Set Contributing Agency:

CASM TEACHER CREDENTIALING
Agency authorized to receive criminal history information

03294
Mail Code (five-digit code assigned by DOJ)

1900 Capitol Avenue
Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

Sacramento — City
CA — State
95811-4213 — Zip Code

Contact Telephone No.

Section 3

*Name of Applicant: (Please print) _____ Last _____ First _____ MI

*Alias: _____ Last _____ First

*Driver's License No: _____

*Date of Birth: _____ *Sex: ☐ Male ☐ Female

Misc. No. BIL - _____ Agency Billing Number

*Height: _____ *Weight: _____

Misc. Number: _____

*Home Address:

*Eye Color: _____ *Hair Color: _____

Street No. Street or PO Box

*Place of Birth: _____

City, State and Zip Code

*Social Security Number (full): _____

* Required Fields

Section 4

*OCA Number: _____ (SSN OR ITIN#)

Level of Service: [X] DOJ [X] FBI

If resubmission, list Original ATI Number: _____

Section 5

SUPPLEMENTAL AGENCY/EMPLOYER
(County Office of Education/School District)

Employer Name

Street No. Street or PO Box

Mail Code (COE/SD five digit code assigned by DOJ)

City State Zip Code

( )
Agency Telephone No. (optional)

Section 6

Live Scan Transaction Completed By: _____ Name of Operator _____ LSID _____ Date

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed

ORIGINAL – Live Scan Operator; SECOND COPY – Applicant; THIRD COPY (if needed) – Requesting Agency