

REQUEST FOR LIVSCAN 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 EB Date: _____
Name of Operator

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