REQUEST FOR LIVE SCAN SERVICE

FORM 41-LS Rev. 04/15

Applicant Submission

Transmitting Agency

I have visually confirmed my personal data entered into the fingerprint system is accurate. I understand it is my responsibility; if there is an error, additional fees will be incurred.

ORI: A0281 ____ Type of Application: <u>License/Certification/Permit</u> Code assigned by DOJ Job Title or Type of License, Certification or Permit: TEACHER CRED 44340 EC Agency Address Set Contributing Agency: 03294 CASM TEACHER CREDENTIALING Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ) 1900 Capitol Avenue Street or PO Box Street No. Contact Name (Mandatory for all school submissions) CA 95811-4213 Sacramento City State Zip Code Contact Telephone No. *Name of Applicant: Last MI (Please print) First *Alias: *Driver's License No: Last First *Date of Birth: _____ *Sex: Male Female Misc. No. BIL -Agency Billing Number *Height:______*Weight:_____ *Phone 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):______ *Email: *OCA Number: (SSN OR ITIN#) Level of Service: X DOJ If resubmission, list Original ATI Number: SUPPLEMENTAL AGENCY/EMPLOYER (County Office of Education/School District) * Required Fields **Employer Name** Mail Code (COE/SD five digit code assigned by DOJ) Street No. Street or PO Box Agency Telephone No. (optional) City State Zip Code Live Scan Transaction Completed By: Name of Operator LSID Date **SDCOE**

ATI No.

Amount Collected/Billed