

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: (Check <input checked="" type="checkbox"/> one) Code assigned by DOJ		<input checked="" type="checkbox"/> CCLD A0448	<input type="checkbox"/> Trustline A1157
2. Type of Application: (Check <input checked="" type="checkbox"/> one)		<input type="checkbox"/> Employment	<input type="checkbox"/> License, Certification, Permit <input checked="" type="checkbox"/> Volunteer
3. Job Title or Type of License, Certification or Permit: <u>PRESCHOOL</u>			
4. Agency Address Set Contributing Agency:		03502	
CA Dept of Social Services		Mail Code (five-digit code assigned by DOJ)	
Agency authorized to receive criminal history information		N/A	
PO BOX 944243	Mail Station 19-62	Contact Name (Mandatory for all school submissions)	
Street No.	Street or PO Box	N/A	
Sacramento, CA	94244-2430	()	N/A
City	State	Zip Code	Contact Telephone No.
5. Applicant Information:			
Name of Applicant: (Please print) _____			
	LAST	FIRST	MI
AKA's: _____		CDL No. _____	
	LAST	FIRST	
DOB: _____		Misc. No. BIL - _____	
SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		AGENCY BILLING NUMBER (IF APPLICABLE)	
HT: _____		Misc. No.: _____	
WT: _____		ALIEN REGISTRATION, OUT OF STATE DRIVER'S LICENSE OR ID.	
EYE Color: _____		Home Address: (All applicants must complete)	
HAIR Color: _____		STREET OR PO BOX	
POB: _____		CITY, STATE AND ZIP CODE	
SOC: _____			
6. Facility Number: <u>376700222</u>		Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI	
If resubmission (select R2), list Original ATI No. _____			
NOTE: NOT APPLICABLE FOR TRUSTLINE APPLICANTS			
7. ^{School} Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)			
<u>NOTRE DAME ACADEMY</u>			
Employer Name		Mail Code (five digit code assigned by DOJ)	
<u>4345 DEL MAR TRAILS Rd</u>			
Street No.	Street or PO Box	Agency Telephone No. (Optional)	
<u>San Diego</u>	<u>92130</u>		
City	State	Zip Code	
8. Live Scan Transaction Completed By: _____ Date _____			
		Name of Operator	
Transmitting Agency		LSID#	ATI No.
		Amount Collected/Billed	