

REQUEST FOR LIVE SCAN SERVICE

FORM 41-LS Rev. 04/15

Applicant Submission

ORI: A0281 <small>Code assigned by DOJ</small>	Type of Application: License/Certification/Permit	Section 1
Job Title or Type of License, Certification or Permit: TEACHER CRED 44340 EC		

Agency Address Set Contributing Agency: CASM TEACHER CREDENTIALING				Section 2
Agency authorized to receive criminal history information			Mail Code (five-digit code assigned by DOJ): 03294	
Street No. 1900 Capitol Avenue				Contact Name (Mandatory for all school submissions):
City: Sacramento		State: CA	Zip Code: 95811-4213	Contact Telephone No.:

*Name of Applicant: (Please print) _____				Section 3
Last		First		MI
*Alias: _____	Last	First	*Driver's License No: _____	
*Date of Birth: _____	*Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL - _____ <small>Agency Billing Number</small>		
*Height: _____	*Weight: _____	Misc. Number: _____		
*Eye Color: _____		*Hair Color: _____		*Home Address: _____
_____		Street No.		Street or PO Box
*Place of Birth: _____		City, State and Zip Code		
*Social Security Number (full): _____		* Required Fields		

*OCA Number: _____ <small>(SSN OR ITIN#)</small>	Section 4
If resubmission, list Original ATI Number: _____	Level of Service: <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI

SUPPLEMENTAL AGENCY/EMPLOYER <small>(County Office of Education/School District)</small>				Section 5
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) _____

Live Scan Transaction Completed By: <u>Jacqueline Smith</u>				Section 6
Name of Operator		LSID	Date	
Transmitting Agency: <u>TCA</u>		ATI No.	Amount Collected/Billed	