

# REQUEST FOR LIVE SCAN SERVICE

FORM 41-LS Rev. 04/15

## Applicant Submission

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

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

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

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

|  |                            |  |
|--|----------------------------|--|
| <b>SUPPLEMENTAL AGENCY/EMPLOYER</b><br><small>(County Office of Education/School District)</small> |                            | <b>Section 5</b>   |
| Employer Name _____  |                            |  |
| Street No. _____   | Street or PO Box _____     | Mail Code (COE/SD five digit code assigned by DOJ) _____ |
| City _____   | State _____ Zip Code _____ | ( ) _____<br>Agency Telephone No. (optional)             |

|   |                        |                               |                  |
|---|------------------------|-------------------------------|------------------|
| Live Scan Transaction Completed By: _____ |                        |                               | <b>Section 6</b> |
| _____                                     | Name of Operator _____ | LSID _____                    | Date _____       |
| Transmitting Agency _____                 | ATI No. _____          | Amount Collected/Billed _____ |                  |