

REQUEST FOR LIVE SCAN SERVICE

(Public Schools or Joint Powers Agencies)

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Reset Form

Applicant Submission						
ORI: A0844 Code assigned by DOJ	Type of Applicant: ☐ Clas	ssified School Employee	ntialed School Employee			
The following selections a	are for Public Schools only:					
License, Certification, Pe	ermit Peace Officer La	aw Enforcement Officer 🛛 Voluntee	er			
Type of License/Certification	n/Permit <u>OR</u> Working Title: VOLUN	ITEER				
	(Maxim	um 30 characters - if assigned by DOJ, use exact title assigned	3)			
Contributing Agency Information	ation:					
LIVERMORE VALLEY JOIN	NT USD	01802	01802			
Agency Authorized to Receive Cris	minal Record Information	Mail Code (five-digit code assigned by DOJ)				
685 E. JACK LONDON BL\ Street Address or P.O. Box	VD.	JESSICA BONDURIS, Ed.D				
	04 04554		Contact Name (mandatory for all school submissions)			
LIVERMORE City	CA 94551 State ZIP Code	(925) 606-3269 Contact Telephone Number				
Applicant Information:						
Last Name		First Name	Middle Initial Suffix			
Other Name						
(AKA or Alias) Last		First	Suffix			
Date of Birth Sex Male Female		Driver's License Number	Driver's License Number			
		Billing				
Height Weight	Eye Color Hair Color	Number				
		(Agency Billing Number) Misc.				
Place of Birth (State or Country)	Social Security Number	Number				
Home		(Other Identification Number)				
Address Street Address or P.O. Box		City	State ZIP Code			
Your Number:		Level of Service: X DOJ	X FBI			
(OCA Number (Ag	gency Identifying Number)	_				
If re-submission, list original						
(Must provide proof of rejec	tion)	Original ATI Number				
Live Scan Transaction Com	pleted By:					
N						
Name of Operator		Date				
Transmitting Agency	LSID	ATI Number	Amount Collected/Billed			