



REQUEST FOR LIVE SCAN SERVICE (Public Schools or Joint Powers Agencies)

Applicant Submission

ORI: A0572 Type of Applicant: ☐ Classified School Employee ☒ Credentialed School Employee

Code assigned by DOJ

The following selections are for Public Schools only:

☒ License, Certification, Permit ☐ Peace Officer ☐ Law Enforcement Officer ☐ Volunteer

Type of License/Certification/Permit OR Working Title: Substitute Teacher

(Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Marin County Office of Education
Agency Authorized to Receive Criminal Record Information

1111 Las Gallinas Ave.
Street Address or P.O. Box

San Rafael CA 94903
City State ZIP Code

01833
Mail Code (five-digit code assigned by DOJ)

Amy Ridings
Contact Name (mandatory for all school submissions)

(415) 499-5863
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 ☐ Nonbinary/Unspecified

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number 120053

(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number

(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: (OCA Number (Agency Identifying Number))

Level of Service: ☒ DOJ ☐ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Live Scan Transaction Completed By:

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed