STATE OF CALIFORNIA
CTC Form 41-LS
(Rev. 03/2022)

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REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0281
ORI (Code assigned by DOJ)

LICENSE/CERTIFICATION/PERMIT
Authorized Applicant Type

TEACHER CRED 44340 EC
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

CASM TEACHER CREDENTIALING
Agency Authorized to Receive Criminal Record Information

03294
Mail Code (five-digit code assigned by DOJ)

651 Bannon Street, Suite 600
Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Sacramento | CA | 95811
City | State | ZIP Code

Contact Telephone Number

Applicant Information:

*Required Fields

*Last Name | *First Name | Middle Initial | Suffix

Other Name: (AKA or Alias)

*Last Name | *First Name | Suffix

*Sex ☐ Male ☐ Female ☐ Nonbinary/Unspecified

*Date of Birth

*Driver's License

*Height | *Weight | *Eye Color | *Hair Color

Billing Number
(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:
*Use ITIN or SSN for OCA Number Field
*OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

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

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box | Telephone Number (optional)

City | State | ZIP Code | Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator | Date

Transmitting Agency | LSID | ATI Number | Amount Collected/Billed