

**REQUEST FOR LIVE SCAN SERVICE**  
*Applicant Submission for Public Schools or Joint Powers Agencies*

**ORI:** A7056  
Code assigned by DOJ

Type of Application: (check one)  Classified School Emp  Credentialed School Emp

*The following selections are for Public Schools only:*

License, Certification, Permit  Peace Officer  Law Enforcement Personnel  Volunteer

Job Title or Type of License, Certification or Permit: Volunteer

**Agency Address Set Contributing Agency:**

Foresthill Union School District

01671

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

24750 Main Street

Debby La Porte

Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

Foresthill CA 95631

( 530 ) 367-2966, Ext 100

City State Zip Code

Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

AKA's: \_\_\_\_\_  
Last First

CDL No. \_\_\_\_\_

DOB: \_\_\_\_\_ SEX:  Male  Female

Misc. No. BIL - 140704  
Agency Billing Number (if applicable)

HT: \_\_\_\_\_ WT: \_\_\_\_\_

Misc. No. \_\_\_\_\_

EYE Color: \_\_\_\_\_ HAIR Color: \_\_\_\_\_

Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

POB: \_\_\_\_\_

\_\_\_\_\_  
Street or PO Box

SOC: \_\_\_\_\_

\_\_\_\_\_  
City, State and Zip Code

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

Level of Service  DOJ  FBI

If resubmission, list Original ATI No. \_\_\_\_\_

Live Scan Transaction Completed By: \_\_\_\_\_ Date \_\_\_\_\_  
Name of Operator

\_\_\_\_\_  
Transmitting Agency

\_\_\_\_\_  
ATI No.

\_\_\_\_\_  
Amount Collected/Billed