

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