

Print Form Reset Form

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission				
A0281				
ORI (Code assigned by DOJ)		LICENSE/CERTIFICATION/PERMIT Authorized Applicant Type		
TEACHER CRED 44340 EC	Addition2cd A	pplicalit Type		
Type of License/Certification/Permit OR Working Title (Maximum 30 characters	s - if assigned by DO.L us	e exact title assigned)	u ta ana kana kana kana kana kana kana ka	Maleininin an
Contributing Agency Information:		o oxact the assigned)		
CASM TEACHER CREDENTIALING	03294			
Agency Authorized to Receive Criminal Record Information	Mail Code (five-digit code assigned by DOJ)			
651 Bannon Street, Suite 600			500)	
Street Address or P.O. Box	Contact Name (mandatory for all school submissions)		ang kanalan kanalan yang sayan saya	
Sacramento CA 95811				
City State ZIP Code	Contact Teleph	one Number	a band a na na ann ann ann ann ann ann ann	
Applicant Information:			*Required Field	s
Last Name	Jane			
Last Name	*First Name		Middle Initial	Suffix
Other Name: (AKA or Alias)				
*Last Name				
	*First Name			Suffix
05/08/1992 *Sex Male Fernale Nonbinary/Unspecifie	<u>XXXX</u> be	XXXX		
Y'N'' VII VI	*Driver's Licens	se		
*Height *Weight *Eve Color *Hair Color	Billing Number			
	(Agency	/ Billing Number)	annan an a	na in a suite anna an a
Los Angeles XXX-XX-XXX *Place of Birth (State or Country) *Social Security Number	Misc. Number			
	(Other Ic	lentification Number)		din falmen statistics and demos
*Home XXXXX SUNSEF BOULEVARD Address Street Address or P.O. Box		ingeles	(A 9)	$(X \times X)$
Address Street Address or P.O. Box	City	0	State ZIP Co	ode
I have received and read the included Privacy Notice,	Drivoov Act Cto	to month and Annuli	the product of the second s	
A X	Filvacy Act Sta	tement, and Applic	ant's Privacy Rights.	
Jane Doc	united and a start and a start of the start	05/08	12025	
/ *Applicant Signature			*Date	
Your Number: XXX-XX-XXXXX	Level of Serv	ice: 🗙 DOJ	FBI	Dissol of Annal Sector S
*Use ITIN or SSN for OCA Number Field *OCA Number (Agency Identifying Number)	(If the Level of Service indicates FBI, the fingerprints will be used to check the			
	criminal history re	ecord information of the	FBI.)	ioon aic
If re-submission, list original ATI number:	4			
(Must provide proof of rejection) Original ATI Number				
Employer (Additional response for agencies specified by statute):	-			
Employer Name			филосом, и мали и на село са село и на село с Спорти на село н	And the state of the
Street Address or P.O. Box		Telephone Number (optional)	Manufacture and a state of the same
City				
	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	