



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

651 Bannon Street, Suite 600

Street Address or P.O. Box

Sacramento

CA

95811

City

State

ZIP Code

03294

Mail Code (five-digit code assigned by DOJ)

Contact Name (mandatory for all school submissions)

Contact Telephone Number

Applicant Information:

Doe
*Last Name

Other Name: (AKA or Alias)

*Last Name

05/08/1992 *Sex ☐ Male ☒ Female ☐ Nonbinary/Unspecified

*Date of Birth

5'8"
*Height

160
*Weight

X
*Eye Color

X
*Hair Color

Los Angeles
*Place of Birth (State or Country)

XXX-XX-XXXX
*Social Security Number

XXXXX Sunset Boulevard
*Home Address Street Address or P.O. Box

Jane
*First Name

*Required Fields

Middle Initial

Suffix

*First Name

Suffix

XXXXXXXXXX

*Driver's License

Billing
Number

(Agency Billing Number)

Misc.
Number

(Other Identification Number)

Los Angeles
City

CA
State

9XXXX
ZIP Code

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

Jane Doe
*Applicant Signature

05/08/2025
*Date

Your Number: XXX-XX-XXXX

*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