



REQUEST FOR LIVE SCAN SERVICE (Public Schools or Joint Powers Agencies)

Applicant Submission

ORI: A0763

Type of Applicant: Classified School Employee Credentialed School Employee

Code assigned by DOJ

The following selections are for Public Schools only:

License, Certification, Permit Peace Officer Law Enforcement Officer Volunteer

Type of License/Certification/Permit OR Working Title: Name of School:

(Maximum 30 characters - If assigned by DOJ, use exact title assigned)

Contributing Agency Information:

PACIFICA SCHOOL DISTRICT

Agency Authorized to Receive Criminal Record Information

01775

Mail Code (five-digit code assigned by DOJ)

375 REINA DEL MAR

Street Address or P.O. Box

SUZY SANTIAGO

Contact Name (mandatory for all school submissions)

PACIFICA

City

CA

State 94044

ZIP Code

6507386602

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last

First

Suffix

Date of Birth

Sex Male Female

Driver's License Number

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:

(OCA Number (Agency Identifying Number))

Level of Service: DOJ FBI

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

Original ATI Number

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed