

REQUEST FOR LIVE SCAN SERVICE

(Public Schools or Joint Powers Agencies)

Applicant Submission		·····					
ORI: AD474 Type of Applica	ant: X Classifi	ed School Employee	☐ Crede	entialed So	chool E	mployee	•
The following selections are for Public School	ols only:						
License, Certification, Permit Peace C	Officer	Enforcement Officer	∨olunte	er			
Type of License/Certification/Permit OR Working		d School Employee	ta avart titla sezina			· · · · · · · · · · · · · · · · · · ·	
Contributing Agency Information:			TO OXECUTE SAGE			· .	
Orcutt Union School District Agency Authorized to Receive Criminal Record Information	01913 Mail Code (five-digit code assigned by DOJ)						
500 Dyer Street	Dayana Atanasova						
Street Address or P.O. Box	Contact Name (mandatory for all school submissions)						
Orcutt CA 93455 City State ZIP Code		(805) 938-8910 Contact Telephone Number					
Applicant Information:		,, <u> </u>					
Last Name		First Name			Middle In	nitial	Suffix
Other Name (AKA or Alias) Last		First					Suffix
Date of Birth Sex Male Female		Driver's License Number Billing					
Height Weight Eye Color Hair Color Place of Birth (State or Country) Social Security Number		Number (Agency Billing	J Number)				
		Misc. Number (Other Identification Number)					
Home Address			anon number)				
Street Address or P.O. Box		City	·		State	ZIP Code	
Your Number: (OCA Number (Agency Identifying Number)		Level of Service:	⊠ DO1	⊠ 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 Co	ollected/f	Billed	