

REQUEST FOR LIVE SCAN SERVICE

FORM 41-LS Rev. 04/15

Applicant Submission

ORI: A0281	Type of Application: License/Certification/Permit
Code assigned by DOJ	
Job Title or Type of License, Certification or Permit: TEACHER CRED 44340 EC	

Agency Address Set Contributing Agency:	
CASM TEACHER CREDENTIALING	03294
Agency authorized to receive criminal history information	Mail Code (five-digit code assigned by DOJ)
1900 Capitol Avenue	Contact Name (Mandatory for all school submissions)
Street No. Street or PO Box	
Sacramento CA 95811-4213	Contact Telephone No.
City State Zip Code	

*Name of Applicant: _____ (Please print) Last First MI	
*Alias: _____ Last First	*Driver's License No: _____
*Date of Birth: _____ *Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL - _____ Agency Billing Number
*Height: _____ *Weight: _____	Misc. Number: _____
*Eye Color: _____ *Hair Color: _____	*Home Address: _____ Street No. Street or PO Box
*Place of Birth: _____	City, State and Zip Code
*Social Security Number (full): _____	* Required Fields

*OCA Number: _____ (SSN OR ITIN#)	Level of Service: <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI
If resubmission, list Original ATI Number: _____	

SUPPLEMENTAL AGENCY/EMPLOYER (County Office of Education/School District)	
Employer Name	
Street No. Street or PO Box	Mail Code (COE/SD five digit code assigned by DOJ)
City State Zip Code	Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____	Name of Operator	LSID	Date
Transmitting Agency	ATI No.	Amount Collected/Billed	