



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

Applicant Submission

ORI: A8919 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: _____
(Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

EDH Yth Football & Cheer dba Oak Ridge Jr Trojans
Agency Authorized to Receive Criminal Record Information

10742
Mail Code (five-digit code assigned by DOJ)

PO Box 5514
Street Address or P.O. Box

Brian Nygaard
Contact Name (mandatory for all school submissions)

El Dorado Hills CA 95762
City State ZIP Code

(916) 826-7832
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

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