



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

Print Form

Reset Form

Applicant Submission

ORI: A6777 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:

Conejo Valley Unified School District
Agency Authorized to Receive Criminal Record Information
1400 East Janss Road
Street Address or P.O. Box
Thousand Oaks CA 91362
City State ZIP Code

a03363
Mail Code (five-digit code assigned by DOJ)
Lee Quiroz
Contact Name (mandatory for all school submissions)
8054979511
Contact Telephone Number

Applicant Information:

Last Name

Other Name
(AKA or Alias) Last

Date of Birth Sex Male Female

Height Weight Eye Color Hair Color

Place of Birth (State or Country) Social Security Number

Home
Address Street Address or P.O. Box

First Name Middle Initial Suffix

First Suffix

Driver's License Number

Billing
Number
(Agency Billing Number)

Misc.
Number
(Other Identification Number)

City State ZIP Code

Your Number: Class T44
(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