

REQUEST FOR LIVE SCAN SERVICE

FORM 41-LS Rev. 04/15

Applicant Submission

ORI: A0281	Type of Application: License/Certification/Permit	Section 1
Code assigned by DOJ		
Job Title or Type of License, Certification or Permit: TEACHER CRED 44340 EC		

Agency Address Set Contributing Agency:		Section 2
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	888-921-2682
Sacramento	CA	95811-4213
City	State	Zip Code
Contact Telephone No.		

*Name of Applicant: _____		Section 3	
(Please print)	Last	First	MI
*Alias: _____	*Driver's License No: _____		
Last	First		
*Date of Birth: _____	*Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL - APPLICANT MUST PAY	
		Agency Billing Number	
*Height: _____	*Weight: _____	Misc. Number: _____	
		*Home Address: _____	
*Eye Color: _____	*Hair Color: _____	Street No.	Street or PO Box
*Place of Birth: _____		City, State and Zip Code	
*Social Security Number (full): _____		* Required Fields	

*OCA Number: _____	Section 4
(SSN OR ITIN#)	
If resubmission, list Original ATI Number: _____	Level of Service: <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI

SUPPLEMENTAL AGENCY/EMPLOYER		Section 5
(County Office of Education/School District)		
NOVATO UNIFIED SCHOOL DISTRICT		
Employer Name		
1015 SEVENTH STREET	01897	
Street No.	Street or PO Box	Mail Code (COE/SD five digit code assigned by DOJ)
NOVATO	CA	(415) 493-4246
City	State	Zip Code
Agency Telephone No. (optional)		

Live Scan Transaction Completed By: _____			Section 6
Name of Operator	LSID	Date	
Transmitting Agency	ATI No.	Amount Collected/Billed	