

REQUEST FOR LIVE SCAN SERVICE

FORM 41-LS Rev. 10/10

Applicant Submission

ORI: A0281	Type of Application: License/Certification/Permit	
Code assigned by DOJ		
Job Title or Type of License, Certification or Permit: Application for Teacher Credentialing		
Agency Address Set Contributing Agency:		
Commission on Teacher Credentialing		03294
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)
1900 Capitol Avenue		
Street No. Sacramento	Street or PO Box CA	Contact Name (Mandatory for all school submissions)
City	State	Zip Code
95811		(888) 921-2682
		Contact Telephone No.
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:
Home Address:		
Eye Color:	Hair Color:	Street No. Street or PO Box
Place of Birth:		City, State and Zip Code
Social Security Number:		
Your Number:	OCA No. (Applicant's Social Security No.)	Level of Service: <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI
If resubmission, list Original ATI Number:		
Employer: (Additional response for agencies specified by statute)		
Employer Name		
Street No.	Street or PO Box	Mail Code (five digit code assigned by DOJ)
City	State	Zip Code
		() Agency Telephone No. (optional)
Live Scan Transaction Completed By: Name of Operator Date		
Transmitting Agency	ATI No.	Amount Collected/Billed