## REQUEST FOR LIVE SCAN SERVICE

Applicant Submission for Public Schools or Joint Powers Agencies

ORI:	
Type of Application: (check one)	Credentialed School Emp
The following selections are for Public Schools only:	
License, Certification, Permit Peace Officer	Law Enforcement Personnel
Job Title or Type of License, Certification or Permit:	Providences supplied to the providence of the pr
dob file of type of Electise, Certification of Fernit.	
Agency Address Set Contributing Agency: CORONADO UNIFIED SCHOOL DISTRICT	01615
Agency authorized to receive criminal history information	Mall Code (five-digit code assigned by DOJ)
201 SIXTH STREET	Terri FreeDartner
Street No. Street or PO Box	Contact Name (Mandatory for all school submissions)
CORONADO, CA 92118  City State Zip Code	( 619) 522-8900 EXT. 1021
City State Zip Code	Contact Telephone No.
Name of Applicant:	First
	First MI
AKA's:	CDL No.
DOB: SEX: Male Female	Misc. No. Applicant pays
HT: WT:	Misc. No
EYE Color: HAIR Color:	Home Address: (Applies only If Youth Org / HRA or Public Utility submission)
POB:	
SOC:	Street or PO Box
500.	City, State and Zip Code
Your Number:OCA No. (Agency Identifying No.)	- XX
If resubmission, list Original ATI No.	Level of Service XX DOJ XX FBI
Live Scan Transaction Completed By: Date:	
Transmitting Agency ATI No. Amount Collected / Billed	