REQUEST FOR LIVE SCAN SERVICE

Applicant Submission for Public Schools or Joint Powers Agencies

ORI: A0297
Code assigned by DOJ

Type of Application: (check one) ☐ Classified School Emp ☐ Credentialed School Emp

The following selections are for Public Schools only:

☐ License, Certification, Permit ☐ Peace Officer ☐ Law Enforcement Personnel ☐ Volunteer

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:
CORONADO UNIFIED SCHOOL DISTRICT
Agency authorized to receive criminal history information

01615
Mail Code (five-digit code assigned by DOJ)

201 SIXTH STREET
Street No. Street or PO Box

KELLEY ENGLEHART
Contact Name (Mandatory for all school submissions)

CORONADO, CA 92118
City State Zip Code

(619) 522-8900 EXT. 1010
Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

AKA's: _____
Last First

CDL No. _____

DOB: _____ SEX: ☐ Male ☐ Female

Misc. No. Applicant pays
Agency Billing Number

HT: _____ WT: _____

Misc. No. _____

EYE Color: _____ HAIR Color: _____

Home Address: (Applies only if Youth Org / HRA or Public Utility submission)

POB: _____

Street or PO Box

SOC: _____

City, State and Zip Code

Your Number: _____
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Level of Service ☒ DOJ ☒ FBI

Live Scan Transaction Completed By: _____
Name of Operator

Date: _____

Transmitting Agency ATI No. Amount Collected / Billed