



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

X0346 _____ VOLUNTEER/VCA _____
 ORI (Code assigned by DOJ) Authorized Applicant Type
 ACTIVITY SUPERVISOR _____
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) _____

Contributing Agency Information:

William S. Hart Union High School District _____ School District Authorized to Receive Criminal Record Information	12993 _____ Enter School District Mail Code (five-digit code assigned by DOJ)
21515 Centre Pointe Parkway _____ School District Street Address or P.O. Box	Richard Varner _____ Contact Name (mandatory for all school submissions)
Santa Clarita _____ CA 91350 _____ City State ZIP Code	661-259-0033 ext 339 _____ Contact Telephone Number

Applicant Information:

Last Name _____	First Name _____	Middle Initial _____	Suffix _____
Other Name _____ (AKA or Alias) Last	First _____	Suffix _____	
Date of Birth _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License Number _____	
Height _____	Weight _____	Eye Color _____	Hair Color _____
Place of Birth (State or Country) _____	Social Security Number _____	Billing Number _____ (Agency Billing Number)	Misc. Number _____ (Other Identification Number)
Home Address _____ Street Address or P.O. Box	City _____	State _____	ZIP Code _____

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ **FBI ONLY**

If re-submission, list original ATI number:
 (Must provide proof of rejection)

Original ATI Number _____

School District (Mandatory Field - Determines Agency to receive DOJ Response):

William S. Hart Union High School District _____ School District Name	12993 _____ Mail Code (five digit code assigned by DOJ)
21515 Centre Pointe Parkway _____ School District Street Address or P.O. Box	(661) 259 - 0033 extension 342 _____ Telephone Number (optional)
Santa Clarita _____ CA 91350 _____ City State ZIP Code	

Live Scan Transaction Completed By:

Name of Operator _____	Date _____
Transmitting Agency _____	LSID _____
ATI Number _____	Amount Collected/Billed _____