

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission for Public Schools or Joint Powers Agencies

ORI: **A0422**
Code assigned by DOJ

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

The following sections are for Public Schools only:

License, Certification, Permit Peace Officer Law Enforcement Volunteer

Job Title or Type of License, Certification or Permit: Parent Volunteer - Waterloo

Agency Address Set Contributing Agency:

Linden Unified School District
Agency authorized to receive criminal history information

01796
Mail code (five-digit assigned by DOJ)

18527 E. Main St.
Street No. Street or PO Box

Wendy Zimmer
Contact Name (Mandatory for all school submissions)

Linden CA 95236
City State Zip

(209) 887-3894
Contact Telephone No.

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

AKA's: _____
Last First

CDL No. _____

DOB: _____ SEX: Male Female

Misc. No. **Applicant to Pay**
Agency Billing Number (if applicable)

HT: _____ WT: _____

Phone No. _____

EYE Color: _____ HAIR Color: _____

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

POB: _____
(Place of Birth)

Street or PO Box

SOC: _____
(Social Security Number)

City, State, and Zip Code

Your Number: **35 - Waterloo**
OCA No. (Agency Identifying No.)

Level of Service DOJ FBI

If resubmission, list Original ATI No. _____

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency ATI No. Amount Collected/Billed