

California Teacher Credentialing
Live Scan Fingerprinting Form

Applicant Submission

FORM 41-LS Rev. 04/15

REQUEST FOR LIVE SCAN SERVICE

ORI: _____ Type of Application: _____
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

_____	_____	_____	_____
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)	
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)	
City	State	Zip Code	Contact Telephone No.

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

*Alias: _____ *Driver's License No: _____
Last First

*Date of Birth: _____ *Sex: Male Female Misc. No. BIL - _____
Agency Billing Number

*Height: _____ *Weight: _____ Misc. Number: _____

*Eye Color: _____ *Hair Color: _____ *Home Address: _____
Street No. Street or PO Box

*Place of Birth: _____ City, State and Zip Code

*Social Security Number (full): _____ * Required Fields

*OCA Number: _____
(SSN OR ITIN#)

If resubmission, list Original ATI Number: _____

Level of Service: DOJ FBI

SUPPLEMENTAL AGENCY/EMPLOYER
(County Office of Education/School District)

Employer Name _____

Street No.	Street or PO Box	_____
City	State	Zip Code
		Mail Code (COE/SD five digit code assigned by DOJ)
		()
		Agency Telephone No. (optional)

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

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____