



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AE996
 ORI (Code assigned by DOJ) Certificated employee Authorized Applicant Type Volunteer
Classified employee
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

TRAVIS UNIFIED SCHOOL DISTRICT
 Agency Authorized to Receive Criminal Record Information 15993
 Mail Code (five-digit code assigned by DOJ)
2751 DE RONDE DR
 Street Address or P.O. Box SHANDRA KERWIN
 Contact Name (mandatory for all school submissions)
FAIRFIELD CA 94533
 City State ZIP Code (707) 437-4604
 Contact Telephone Number

Applicant Information:

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

Your Number: N/A
 OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

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

Original ATI Number _____

Employer (Additional response for agencies specified by statute):

Employer Name _____ Mail Code (five digit code assigned by DOJ) _____
 Street Address or P.O. Box _____
 City _____ State _____ ZIP Code _____ Telephone Number (optional) _____

Live Scan Transaction Completed By:

Name of Operator Travis USD Date _____
 Transmitting Agency LSID AD6 ATI Number _____ Amount Collected/Billed _____