



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AE996
ORI (Code assigned by DOJ) _____ Authorized Applicant Type _____

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			Angela Wilkerson Contact Name (mandatory for all school submissions)
Fairfield City	CA State	94533 ZIP Code	(707) 437-4604 Contact Telephone Number

Applicant Information:

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

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature _____

Date _____

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

Level of Service: DOJ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the 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 _____

Street Address or P.O. Box _____ Telephone Number (optional) _____

City _____ State _____ ZIP Code _____ Mail Code (five digit code assigned by DOJ) _____

Live Scan Transaction Completed By:

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