



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

X0847

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:

Literacy First Charter School

Agency Authorized to Receive Criminal Record Information

799 East Washington Ave

Street Address or P.O. Box

El Cajon CA 92020

City State ZIP Code

N/A

Mail Code (five-digit code assigned by DOJ)

Debbie Beyer

Contact Name (mandatory for all school submissions)

(619) 579-7232

Contact Telephone Number

Applicant Information:

Last Name

Other Name (AKA or Alias) Last

Date of Birth Sex Male Female

Height Weight Eye Color Hair Color

Place of Birth (State or Country) Social Security Number

Home Address Street Address or P.O. Box

First Name Middle Initial Suffix

First Suffix

Driver's License Number

Billing Number (Agency Billing Number)

Misc. Number (Other Identification Number)

City State ZIP Code

Your Number: 0405
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

Street Address or P.O. Box

City State ZIP Code

Mail Code (five digit code assigned by DOJ)

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Transmitting Agency LSID

Date

ATI Number Amount Collected/Billed