



## REQUEST FOR LIVE SCAN SERVICE (Public Schools or Joint Powers Agencies)

Print Form

Reset Form

### Applicant Submission

ORI: AB022 Type of Applicant: ☐ Classified School Employee ☐ Credentialed School Employee  
Code assigned by DOJ

### The following selections are for Public Schools only:

☐ License, Certification, Permit ☐ Peace Officer ☐ Law Enforcement Officer ☒ Volunteer

Type of License/Certification/Permit OR Working Title: \_\_\_\_\_  
(Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

Middletown Unified School District	01850
Agency Authorized to Receive Criminal Record Information	Mail Code (five-digit code assigned by DOJ)
20932 Big Canyon Road	Janel Woodruff
Street Address or P.O. Box	Contact Name (mandatory for all school submissions)
Middletown	987-4100
City	Contact Telephone Number
CA 95461	
State ZIP Code	

### Applicant Information:

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

Your Number: \_\_\_\_\_  
(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 \_\_\_\_\_

### Live Scan Transaction Completed By:

Name of Operator \_\_\_\_\_ Date \_\_\_\_\_

Transmitting Agency \_\_\_\_\_ LSID \_\_\_\_\_ ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_