

Request for Livescan Service – Applicant Submission

Name of Applicant: _____
(Please Print)

Type of Application: (check one) Employment Licensing Certification Permit
 Volunteer; School Site: _____

Position or Job Title: _____

Level of Service Requested: DOJ FBI (FBI Clearance Required for anyone who has lived outside of the state of California within the last 12 months)

If re-submission, list Original ATI No. (Shown on Reject Notice): _____

Applicant Personal Descriptor Information:

DOB: _____ AKA'S: _____

HT: _____ WT: _____ SEX: Male Female

POB: _____ HAIR Color: _____ EYE Color: _____

DL No: _____ State: _____ Home Address: _____

SS No: _____

Contributing Agency:

Chula Vista Elementary School District
Agency Name

84 East J Street Chula Vista, CA 91910
City, state and Zip

FAX: (619) 427-3271

E-Mail Code: **01593**
(five-digit unique code as previously assigned by DOJ)

ORI: A0414

Send additional response to:

Agency _____

Address _____

City, State and Zip _____

Human Resources
Contact Name

(619) 425-9600
Phone No.

Agency/OCA No. _____

If Billable: _____

Agency Billing No. _____

Client ID No. _____

Livescan Transaction Completed:

Name of Operator _____ Terminal No. _____ Date _____ Amount Collected/Billed _____

ATI No. _____ Transmitted to DOJ Card Printout