



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0763

ORI (Code assigned by DOJ)

Ocean Shore School

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

Volunteer

Authorized Applicant Type

Contributing Agency Information:

Pacifica School District

Agency Authorized to Receive Criminal Record Information

375 Reina Del Mar

Street Address or P.O. Box

Pacifica

City

CA

State

94044

ZIP Code

01775

Mail Code (five-digit code assigned by DOJ)

Susan Santiago

Contact Name (mandatory for all school submissions)

6507386602

Contact Telephone Number

Applicant Information:

Last Name

Other Name: (AKA or Alias)

Last Name

Date of Birth Sex Male Female Nonbinary/Unspecified

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 Name Suffix

Driver's License Number

Billing Number (Agency Billing Number)

Misc. Number (Other Identification Number)

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:

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

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed