

SAN DIEGO COUNTY SCHOOLS FINGERPRINT CLEARINGHOUSE

REQUEST FOR LIVE SCAN SERVICE – APPLICANT SUBMISSION

Charter School _____
 School District _____

ORI: A1270 Type of Application: Employment License, Certificate, Permit Volunteer
Code assigned by DOJ

Job Title or Type of License, Certificate or Permit: **Instructor / Classified**

Contributing Agency: 04166
Mail code
SAN DIEGO COUNTY OFFICE OF EDUCATION
 6401 Linda Vista Rd. Room #404A – Credentials Dept.
 San Diego, CA 92111-7399
EMAIL: credfpc@sdcoe.net
CREDENTIALS DEPARTMENT
Contact Name
858-292-3681
Contact Telephone No.

TO BE COMPLETED BY APPLICANT

Name of Applicant: (please print) _____
Last First MI

AKA's: _____ CDL No. _____
Last First

DOB: _____ SEX: Male Female Address: _____
Street or PO Box

HT: _____ WT: _____
City, State and Zip Code

EYE color: _____ HAIR color: _____

Place of Birth: _____ Misc. No. N/A

SS#: _____ Misc. No. BIL- N/A

Phone Number: _____ **DISTRICT #:** _____

AGENCY USE ONLY

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service: DOJ FBI

If resubmission, list Original ATI-No. _____

Live Scan Transaction Completed By:

Name of Operator Terminal No. Date Amt Collected/Billed

ATI No. _____ Transmitted to DOJ Card Printout