

Charter School \_\_\_\_\_  
 School District \_\_\_\_\_

# SAN DIEGO COUNTY SCHOOLS FINGERPRINT CLEARINGHOUSE

## REQUEST FOR LIVE SCAN SERVICE – APPLICANT SUBMISSION

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

CRECENTIALS DEPARTMENT  
Contact Name

Email: credfpc@sdcoe.net 858-292-3581  
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