

REQUEST FOR LIVE SCAN SERVICE

(Public Schools or Joint Powers Agencies)

Applicant Submission			
ORI: A3279 Code assigned by DOJ	Type of Applicant: ☐ Cla	ssified School Employee	ntialed School Employee
The following selection	s are for Public Schools only:		
License, Certification,	•	aw Enforcement Officer ⊠ Voluntee	er
Type of License/Certifica	tion/Permit OR Working Title: VOLU	NTEER num 30 characters - if assigned by DOJ, use exact title assigned	
Contributing Agency Info	·	am of the decision in addignout by 2001, and the decision and the decision of	,
		04554	
Bonita Unified School District Agency Authorized to Receive Criminal Record Information		01551 Mail Code (five-digit code assigned by DOJ)	
115 W. Allen Ave. Street Address or P.O. Box		Jane Bruyninckx Contact Name (mandatory for all school submissions)	
San Dimas	CA 91773	(909) 971-8200	
City	State ZIP Code	Contact Telephone Number	
Applicant Information:			
Last Name		First Name	Middle Initial Suffix
Other Name (AKA or Alias) Last		First	Suffix
Date of Birth Sex Male Female		Driver's License Number Billing	
Height Weight	Eye Color Hair Color	Number (Agency Billing Number)	
Place of Birth (State or Country) Social Security Number		Misc. Number	
Home		(Other Identification Number)	
Address Street Address or P.O. Box		City	State ZIP Code
Your Number: (OCA Number	r (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 Co	ompleted By:		
Name of Operator		Date	
Transmitting Agency	LSID	ATI Number	Amount Collected/Billed