

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
858-292-3581
Contact Telephone No.

TO BE COMPLETED BY APPLICANT

Name of Applicant: Roush Claire E
(please print) Last First MI

AKA's: _____ CDL No. A00000000
Last First

DOB: 02/00/0000 SEX: Male Female Address: 12345 California Dr
HT: 5'0" WT: 130 Street or PO Box
EYE color: Brown HAIR color: Brown San Diego, CA 90000
City, State and Zip Code

Place of Birth: Denver, CO Misc. No. N/A

SS#: 123-45-6789 Misc. No. BIL- N/A

Phone Number: 858-867-5309 **DISTRICT #:**

AGENCY USE ONLY

Your Number: _____ OCA No. (Agency Identifying No.)
Level of Service: DOJ FBI

If resubmission, list Original ATI No. _____

Both of these sections should be completed by the agency doing the fingerprinting.

Live Scan Transaction Completed By:

Name of Operator Terminal No. Date Arnt Collected/Billed

ATI No. _____ Transmitted to DOJ Card Printout