REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AE012
ORI (Code assigned by DOJ)

Employee
Authorized Applicant Type

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

Contributing Agency Information:

Sylvan Learning Center - Sherman Oaks
Agency Authorized to Receive Criminal Record Information

15032
Mail Code (five-digit code assigned by DOJ)

13553 Ventura Blvd.
Street Address or P.O. Box

Catherine Chittick
Contact Name (mandatory for all school submissions)

Sherman Oaks
City

CA
State

91423
ZIP Code

3236464815
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name

First Name Suffix

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number 151236
(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number CAB012N30
(Other Identification Number)

Home Address Street Address or P.O. Box

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