



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AG145

ORI (Code assigned by DOJ)

Authorized Applicant Type

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

Contributing Agency Information:

Clayton Valley Charter High School

Agency Authorized to Receive Criminal Record Information

1101 Alberta Way

Street Address or P.O. Box

Concord

City

CA 94521

State ZIP Code

17261

Mail Code (five-digit code assigned by DOJ)

Nancy Kahl

Contact Name (mandatory for all school submissions)

(925) 682-3800

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
Number

(Agency Billing Number)

Misc.
Number

(Other Identification Number)

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ 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

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed