

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

Instructions: In the highlighted areas ONLY fill in the blanks and circle one for Job Title and Campus Location. This form is not to be used for hourly employees.

ORI: <u>A0594</u> Code Assigned by DOJ	Type of Application: <u>Employment-School Employee</u>
Job Title - Circle One: <u>Full-time Faculty or Part-time Faculty or Manager or Classified</u>	
Agency authorized to receive criminal history information	
<u>Contra Costa Community College District</u> Agency Address Set Contributing Agency	<u>02154</u> Mail Code (five-digit code assigned by DOJ)
<u>500 Court Street, 4th floor</u> Street No. Street or PO Box	<u>Denise Killings</u> Contact Name (Mandatory for all school submissions)
<u>Martinez CA 94553</u> City State Zip Code	<u>(925) 229-1000 ext 1208</u> Contact Telephone No.
Name of Applicant: _____ (Please Print) Last First MI	
Alias: _____	Driver's License No. _____
Date of Birth: _____ Sex: [] Male [] Female	Agency Billing No. <u>144392</u>
Height: _____ Weight: _____	Misc. No.: _____
Eye Color: _____ Hair Color: _____	Home Address: _____ Street or P.O. Box
Place of Birth: _____	
Social Security Number: _____	
Your Number: _____ OCA No. (Agency Identifying No.)	Level of Service: [X] DOJ [X] FBI
If resubmission, list original ATI No. _____	
Employer: (Additional Response for Agencies listed by Statute)	
Circle One: <u>D.O. or DVC or LMC or CCC</u> Campus Location	
Street No. Street or PO Box _____	Mail Code (five digit code assigned by DOJ) _____
City State Zip Code _____	Agency Telephone No. (Optional) _____
Live Scan Transaction Completed By: _____ Date: _____ Name of Operator	
Transmitting Agency ATI No. _____	Amount Collected/Billed _____

ORIGINAL -Live Scan Operator; SECOND COPY -Requesting Agency; THIRD COPY -Applicant