California Teacher Credentialing
Live Scan Fingerprinting Form

Applicant Submission

REQUEST FOR LIVE SCAN SERVICE

FORM 41-LS Rev. 04/15

Section 1

ORI: **A0281** (Code assigned by DOJ) Type of Application: **License/Certification/Permit**

Job Title or Type of License, Certification or Permit: **TEACHER CRED 44340 EC**

Section 2

Agency Address Set Contributing Agency:

CASM TEACHER CREDENTIALING (Agency authorized to receive criminal history information)

03294 (Mail Code (five-digit code assigned by DOJ))

1900 Capitol Avenue (Street No. Street or PO Box)

Contact Name (Mandatory for all school submissions)

Sacramento (City) **CA** (State) **95811-4213** (Zip Code)

Contact Telephone No.

Section 3

*Name of Applicant: (Please print) (Last) (First) (MI)

*Alias: (Last) (First)

*Driver's License No:

*Date of Birth: *Sex: ☐ Male ☐ Female

Misc. No. BIL - (Agency Billing Number)

*Height: *Weight:

Misc. Number:

*Home Address:

*Eye Color: *Hair Color:

(Street No. Street or PO Box)

*Place of Birth:

(City, State and Zip Code)

*Social Security Number (full):

* Required Fields

Section 4

*OCA Number: (SSN OR ITIN#)

Level of Service: [X] DOJ [X] FBI

If resubmission, list Original ATI Number:

Section 5

SUPPLEMENTAL AGENCY/EMPLOYER

(County Office of Education/School District)

Employer Name

Street No. Street or PO Box

Mail Code (COE/SD five digit code assigned by DOJ)

City State Zip Code

( ) Agency Telephone No. (optional)

Section 6

Live Scan Transaction Completed By:

Name of Operator LSID Date

Transmitting Agency ATI No. Amount Collected/Billed

ORIGINAL – Live Scan Operator; SECOND COPY – Applicant; THIRD COPY (if needed) – Requesting Agency

Applicant must contact their Contributing Agency to verify the accuracy of the form required for their Live Scan submission.