



## REQUEST FOR LIVE SCAN SERVICE

Print Form

Reset Form

### Applicant Submission

AC881

ORI (Code assigned by DOJ)

Background Check

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:

Goethe International Charter School

Agency Authorized to Receive Criminal Record Information

12500 Braddock Avenue

Street Address or P.O. Box

Los Angeles

City

CA

State

90066

ZIP Code

13952

Mail Code (five-digit code assigned by DOJ)

~~Sherrell Brantley~~ Mary Deyden

Contact Name (mandatory for all school submissions)

3103063484

Contact Telephone Number

### Applicant Information:

Last Name

Other Name

(AKA or Alias) Last

Date of Birth

Sex



Male



Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First

Suffix

Driver's License Number

Billing  
Number

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

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

Street Address or P.O. Box

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed