



REQUEST FOR LIVE SCAN SERVICE (Public Schools or Joint Powers Agencies)

Applicant Submission

ORI: AE587 Code assigned by DOJ Type of Applicant: Classified School Employee Credentialed School Employee

The following selections are for Public Schools only:

License, Certification, Permit Peace Officer Law Enforcement Officer Volunteer

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

Contributing Agency Information:

Murrieta Valley USD
Agency Authorized to Receive Criminal Record Information
41870 McAlby Court
Street Address or P.O. Box
Murrieta CA 92562
City State ZIP Code
03326
Mail Code (five-digit code assigned by DOJ)
Keri Baldrige
Contact Name (mandatory for all school submissions)
(951) 696-1600
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
Height _____ Weight _____ Eye Color _____ Hair Color _____
Place of Birth (State or Country) _____ Social Security Number _____
Home Address Street Address or P.O. Box _____
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 _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____