



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

AJ861 ORI (Code assigned by DOJ)		Contract Employee Authorized Applicant Type	
Substitute Teacher			
Type of License/Certification/Permit <u>OR</u> Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)			
Contributing Agency Information:			
Swing Education Agency Authorized to Receive Criminal Record Information		20284 Mail Code (five-digit code assigned by DOJ)	
548 Market Street, #88403 Street Address or P.O. Box		Michael Teng Contact Name (mandatory for all school submissions)	
San Francisco City	CA State	94104 ZIP Code	6504139268 Contact Telephone Number

### Swing Education Applicants: Fill Out This Section

Last Name		First Name		Middle Initial	Suffix
Other Name (AKA or Alias) Last		First		Suffix	
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License Number			
Height	Weight	Eye Color	Hair Color		
Place of Birth (State or Country)	Social Security Number				
Home Address Street Address or P.O. Box	Billing Number <b>N/A</b> <small>(Agency Billing Number)</small>		Misc. Number <b>N/A</b> <small>(Other Identification Number)</small>		
	City	State	ZIP Code		

Your Number: \_\_\_\_\_  
OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI  
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the 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