

DUAL REPORTING
REQUEST FOR LIVESCAN SERVICE
APPLICANT SUBMISSION

ORI: <u>A1270</u> <small>Code assigned by DOJ</small>	Type of Application: <u>TCC/TEACHER CREDENTIALING</u>
Job Title or Type of License, Certificate or Permit: <u>SUBSTITUTE TEACHER</u>	
Contributing Agency: SAN DIEGO COUNTY OFFICE OF EDUCATION 6401 Linda Vista Rd., Room #404A - Credential Dept San Diego, CA 92111-7399 Email: credfpc@sdcoe.net	<u>04166</u> <small>Mail Code (five-digit code assigned by DOJ)</small> <u>CREENTIALS DEPARTMENT</u> <small>Contact Name (Manadary for all school submissions)</small> <u>858-292-3581</u> <small>Contact Telephone No.</small>
Name of Applicant _____ <small style="display: flex; justify-content: space-between; width: 100%;">Last First MI</small>	
Alias: _____ Driver's License No.: _____ <small style="display: flex; justify-content: space-between; width: 100%;">Last First</small>	
Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Misc. No. BIL- <u>N/A</u> <small style="text-align: right;">Agency Billing Number</small>	
Height: _____ Weight: _____ Phone No. _____	
Eye/Color: _____ Hair/Color: _____ Home Address: _____ <small style="text-align: right;">Street or P.O. Box</small>	
Place of Birth: _____ <small style="text-align: right;">City, State and Zip Code</small>	
SS#: _____	
Your Number: _____ OCA No. (Applicant SS #) Level of Service: <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI	
If resubmission, list Origianl ATI No. _____	
Employer: (additional responses for agencies specified by statute)	
_____ Employer Name	
_____ Street No. Street or P.O. Box	
_____ City State Zip Code	
_____ Mail Code (five digit code assigned by DOJ)	
_____ ()	
_____ Agency Telephone No. (optional)	
Live Scan Transaction Completed By: _____ Date: _____ <small style="text-align: center;">Name of Operator</small>	
_____ Transmitting Agency	
_____ ATI No.	
_____ Amount Collected/Billed	