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

Applicant Submission

ORI: A6930  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: VOLUNTEER, SCHOOL SITE:

(Minimum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

DESERT SANDS UNIFIED SCHOOL DISTRICT
Agency Authorized to Receive Criminal Record Information
47-950 DUNE PALMS ROAD
Street Address or P.O. Box
LA QUINTA CA 92253
City State ZIP Code

01626
Mail Code (five-digit code assigned by DOJ)

DONNA SALAZAR, Ed.D.
Contact Name (mandatory for all school submissions)
(760) 771-8695
Contact Telephone Number

Applicant Information:

Last Name  First Name  Middle Initial  Suffix
Other Name (AKA or Alias)  Last

Sex ☐ Male  ☐ Female

Date of Birth

Height  Weight  Eye Color  Hair Color

Driver’s License Number

Billing Number

(Agency Billing Number)

Misc. Number

(Other Identification Number)

Place of Birth (State or Country)  Social Security Number

Home Address  Street Address or P.O. Box

City State ZIP Code

Your Number:

(DCA 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

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