



# REQUEST FOR LIVE SCAN SERVICE

Revised November 2024

## APPLICANT INFORMATION

Application process may be delayed when your full legal name is not provided.

Last Name				Alias/Maiden			
First, Middle							
Home Address							
City			State			Zip	
Telephone			Email				
Date of Birth	Place of Birth (City, State)		Social Security #		Driver's License/ID #		
Height	Weight		Hair Color		Eye Color		

Race	Ethnicity	Gender
<input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Other _____	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Female <input type="checkbox"/> Non binary
<input type="checkbox"/> Asian <input type="checkbox"/> White	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Male

For employment, please fill out the below and sign. For employment type, please see your new hire paperwork.

<input type="checkbox"/> Employment	Employment Type: <input type="checkbox"/> Classified (DOJ & FBI)   OR <input type="checkbox"/> Certificated (DOJ)
Position:	Location:


For volunteers, please fill out the below and sign.

<input type="checkbox"/> Volunteer	School Site(s):		
	Child's Name:		
Are you renewing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you volunteered in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

For District Contractors, please fill out the below and sign.

<input type="checkbox"/> Contractor	Company:	Location:
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I understand that a criminal history records check will be conducted through the Department of Justice, Federal Bureau of Investigation, and the National Sex Offender Registry.

APPLICANT SIGNATURE 	DATE
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## FOR DEPARTMENT USE ONLY

Contributing Agency: Stockton Unified School District Police Department  
640 North San Joaquin Street, Stockton, CA 95202-1120  
Contact Name: Mayra Franco, Chief of Police  
ORI: CA0391500  
Mail Code: 00481  
Billing Code: \_\_\_\_\_

LEVEL OF SERVICE:  
☐ DOJ (Classified & Certificated)  
☐ FBI (Classified)

If resubmission, original ATI#: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

## LIVE SCAN RESULTS

☐ ELIGIBLE \_\_\_\_\_  
☐ Not Eligible (EC 44010) \_\_\_\_\_  
☐ Not Eligible (EC 44011) \_\_\_\_\_  
☐ Not Eligible (other) \_\_\_\_\_  
Rejection Notice Sent \_\_\_\_\_  
Chief's Meeting Date \_\_\_\_\_  
Results of Meeting \_\_\_\_\_  
Reason for NLI \_\_\_\_\_

Volunteer badge <input type="checkbox"/> Mail to Site <input type="checkbox"/> Pick-up
Date mailed to HR
App entered into RIMS
Results entered into BAMS / RIMS
Scanned

SIGNATURE	DATE
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## LIVE SCAN TRANSACTION COMPLETED

Operator	Date	Fee \$
ATI#	Receipt #	