



**OKAY TO BILL**

### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

AD911

School Employee

ORI (Code assigned by DOJ)

Authorized Applicant Type

CORI for Employment

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

#### Contributing Agency Information:

Yuba Community College District-Human Resources

14980

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

425 Plumas Blvd., Ste. 200

Ana Villagrana

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Yuba City

CA 95991

(530) 741-6976

City

State ZIP Code

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

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: Not Applicable  
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

#### Employer (Additional response for agencies specified by statute):

Not Applicable

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