



Dear Parents,

Thank you for your interest in volunteering. If you plan to chaperone or drive on a field trip, you must be cleared through the Department of Justice Live Scan. The Live Scan is a one-time event and is not transferable from other agencies. You *must* be cleared through CCDS, even if you've already received DOJ clearance from somewhere else.

Attached (on page 2) please find the Live Scan application, which can be taken to one of the places listed below.

Blue Oak Mobile	Comes to you	Appointment Only	530-387-4540
The UPS Store	702 Mangrove Ave	Appointment Only	530-898-1623
Chico Police Dept	1460 Humboldt Rd	Appointment Only	530-897-4910
Postal Station	1692 Mangrove Ave	Walk-in Only	530-893-3999

Thank you,

Chico Country Day School



REQUEST FOR LIVE SCAN SERVICE

Print Form

Reset Form

Applicant Submission

A6587

ORI (Code assigned by DOJ)

school volunteer

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

School Volunteer

Authorized Applicant Type

Contributing Agency Information:

Chico Country Day School

Agency Authorized to Receive Criminal Record Information

102 W. 11th Street

Street Address or P.O. Box

Chico

City

CA 95928

State ZIP Code

01206

Mail Code (five-digit code assigned by DOJ)

Margaret Reece

Contact Name (mandatory for all school submissions)

5308952650

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 Applicant to pay

(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:

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):

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