



Neighborhood & Community Services
Code Compliance Division

390 Towne Centre Drive– Lathrop, CA 95330
Phone (209) 941-7280 – Fax (209) 941-7268
www.ci.lathrop.ca.us

**FINGERPRINTING OFFICE
(SAN JOAQUIN OFFICE OF EDUCATION)**

2901 Arch-Airport Road
Stockton, CA 95206
209-468-9145

Hours of operation: Monday – Friday 9:00 am - 4:15 pm
CALL (209) 468-9145 to schedule an appointment

NO WALK-INS WILL BE ACCEPTED!

Directions

From 99 South:

- Take Arch road exit West
- Turn Left
- Right on Quantas Lane
- Left on Transworld Drive
 - (Parking lot located on the corner of Quantas Lane and Transworld Drive)

From 99 North:

- Take Arch Road exit West
- Turn Left
- Right on Quantas Lane
- Left on Transworld Drive
 - (Parking lot located on the corner of Quantas Lane and Transworld Drive)

Please take the following items to your appointment

- 1. Request for Live Scan Service form**
- 2. A valid picture ID**
- 3. \$47.00 money order, cashier check, or debit/credit card. (All cards must be in applicant's name). No cash or checks accepted.**



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A1406 _____ **LICENSE-CERTIFICATE-PERMIT**
 ORI (Code assigned by DOJ) _____ Authorized Applicant Type

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

Contributing Agency Information:

CITY OF LATHROP _____ **14647**
 Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ)

390 TOWNE CENTRE DRIVE _____ **TANYA RUBIANES**
 Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions)

LATHROP _____ **CA 95330** _____ **(209) 941-7280**
 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: _____ Level of Service: DOJ FBI
OCA Number (Agency Identifying Number)

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 _____