

DEPARTMENT OF JUSTICE CERTIFIED

# LIVESCAN EXPRESS

LIVE SCAN FINGERPRINTING

WALK-INS WELCOME!

## You will need to bring:

1. Request for Live Scan Service form
2. Valid photo ID
3. \$50 cash (this is a cash discount price that applies only to live scans with Oxnard Union High School District as the Requesting Agency. Visa and Mastercard total will be \$54)

HOURS: Monday – Friday 8am – 12pm, 1pm – 5pm

(NO APPOINTMENT NECESSARY)

LOCATION: 5450 Ralston Street, Suite 106

Ventura, CA 93003

PHONE: (805) 339-0422

LiveScan Express is between Victoria and Saratoga. There is plenty of parking on both sides of the building!

Website: [www.livescaneXpress.com](http://www.livescaneXpress.com)



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

**Applicant Submission**

ORI: AD 931 Type of Applicant:  Classified School Employee  Credentialed School Employee  
Code assigned by DOJ

**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: \_\_\_\_\_  
(Maximum 30 characters - if assigned by DOJ, use exact title assigned)

**Contributing Agency Information:**

Oxnard Union High School District  
Agency Authorized to Receive Criminal Record Information  
309 South K Street, Building A  
Street Address or P.O. Box  
Oxnard CA 93030  
City State ZIP Code

03417  
Mail Code (five-digit code assigned by DOJ)  
Kimberly Tresvant, Ed. D.  
Contact Name (mandatory for all school submissions)  
805.385.2541  
Contact Telephone Number

**Applicant Information:**

Last Name \_\_\_\_\_  
Other Name \_\_\_\_\_  
(AKA or Alias) Last  
Date of Birth \_\_\_\_\_ Sex  Male  Female  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_  
Place of Birth (State or Country) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Home Address \_\_\_\_\_  
Street Address or P.O. Box \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_  
First \_\_\_\_\_ Suffix \_\_\_\_\_  
Driver's License Number \_\_\_\_\_  
Billing Number \_\_\_\_\_  
(Agency Billing Number)  
Misc. Number \_\_\_\_\_  
(Other Identification Number)  
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

Live Scan Transaction Completed By:

Name of Operator	Date		
Transmitting Agency	LSID	ATI Number	Amount Collected/Billed