



• UNION SCHOOL DISTRICT •

FINGERPRINTING INFORMATION

Before you begin as a level 2 volunteer for DMUSD you MUST submit a livescan of your fingerprints at the location below (NO EXCEPTIONS). Level 2 volunteers interact with students outside of the immediate supervision and control of a school employee.

Applicants must bring the following items:

- Request for Livescan Service form, completely filled out.
- Current issued picture identification, such as driver's license, passport, etc.
 - Applicants under the age of 21 who are presenting a student ID as a form of identification must also have an additional piece of identification, such as social security card or birth certificate.
 - Applicants under the age of 18 are required to present either written permission from a parent or have the parent present at the time of fingerprinting.
 - Mexican Consular cards or Mexican voter registration cards are not considered valid identification by the Department of Justice. Your applicant should have a current driver's license, state identification card, passport or military ID. School identification, if used as identification by minors, must also be current. If you have any questions regarding any other form of identification, please call our office and we can assist you.

LOCATION 1

Del Mar Live Scan
3830 Valley Centre Dr., Suite 705 - San Diego, CA
92130 (858) 350-1274
(Located inside the Postal Annex.)

WALK-IN SERVICE

Monday – Friday	Saturday & Sunday
9:00am – 6:00pm	10:00am – 4:00pm

APPOINTMENTS AVAILABLE

Monday – Sunday
8:00am – 7:00pm

Please call prior to walking in, as some hours may vary.

REQUEST FOR LIVE SCAN SERVICE

BCII 8016A (3/07)

Applicant Submission for Public Schools or Joint Powers Agencies**ORI:** A4441

Code assigned by DOJ

Type of Applicant: (check one) ☐ School Employee ☐ School Level 2 Volunteer**The following selections are for Public Schools only:**☐ Credential Application ☐ Permit ☐ Employment ☐ VolunteerJob Title: Volunteer

Agency Address Set Contributing Agency:

Del Mar Union School District

Agency authorized to receive criminal history information

11232 El Camino Real

Street No. Street or P.O. Box

San DiegoCA92130

City

State

Zip Code

03333

Mail Code (five-digit code assigned by DOJ)

Ricardo Vitor

Contact Name (Mandatory for all school submissions)

858-755-9301, ext. 3663

Contact Telephone Number

Name of Applicant:

(Please print)

Last

First

Middle Initial

AKA's:

Last

First

CDL No. _____

DOB: _____

SEX: ☐ Male ☐ Female

Misc. No. _____

N/A

Agency Billing Number

HT: _____

WT: _____

Misc. No. _____

EYE Color: _____

HAIR Color: _____

Home Address: (Applies only if Youth Org. / HRA or Public Utility submission)

POB: _____

Street or P.O. Box

SOC: _____

City, State and Zip Code

Your Number: _____

OCA No. (Agency Identifying No.)

Level of Service: ☒ DOJ ☒ FBI

If resubmission, list Original ATI No. _____

Live Scan Transaction Completed By: _____

Date: _____

Name of Operator

Transmitting Agency

ATI Number

Amount Collected/Billed

ORIGINAL-Live Scan Operator; SECOND COPY - Applicant; THIRD COPY (if needed) - Requesting Agency