



## Administration of Justice Law Enforcement Training

To whom it may concern:

The person requesting Live Scan is an applicant for admission into the College of the Siskiyou (COS) Basic Police Academy. Per California Penal Code Section 13511.5, each applicant, who is unaffiliated (not sponsored by an agency), must have “*no criminal history background which would disqualify him or her, pursuant to state or federal law, from owning, possessing, or having under his or her control a firearm.*” Because of this requirement, the applicant must receive clearance prior to the first day of the academy.

We are aware there are numerous options that a Live Scan Operator can choose from once he or she enters the ORI code. To help eliminate confusion, please select the option “**PEACE OFFICER F/ARMS CACI**” to ensure the applicant is receiving a **FIREARMS CLEARANCE from DOJ and FBI.**

If you have any questions or need assistance, please call the College of the Siskiyou’s Career and Technical Education (CTE) Office at (530) 938-5512.

Thank you for your assistance with this matter.

Sincerely,

Jeremiah LaRue, Director  
Administration of Justice  
College of the Siskiyou  
800 College Avenue  
Weed, CA 96094  
[jarue@siskiyous.edu](mailto:jarue@siskiyous.edu)



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

**A0454**

**POLICE ACADEMY CADET – FIREARMS CLEARANCE**

ORI (Code assigned by DOJ)

Authorized Applicant Type

**PEACE OFFICER F/ARMS CACI**

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

#### Contributing Agency Information:

**COLLEGE OF THE SISKIYOU**

**03931**

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

**800 COLLEGE AVENUE**

**KELLY GROPP**

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

**WEED**

**CA 96094**

**(530) 938-5552**

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: 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