



## Crete Academy Volunteers

### Livescan/TB Test Location Information

All Category 2 volunteers are requested to submit a negative TB test and Livescan/cleared background check prior to the first day of your volunteer assignment

### Locations for Livescan & TB Test:

Wellness Mart (does TB & Live scan)

- <http://wellnessmart.com/tb-live-scan/>
- Notary Public (LiveScan)
  - <https://inglewoodnotarypublic.com/>
- CVS (TB Testing)
  - <https://www.cvs.com/minuteclinic/services/tb-testing>

Once you complete the fingerprinting via livescan, and have your negative TB test reading please email both documents to [info@creteacademy.org](mailto:info@creteacademy.org) so our Custodian of Records can access the DOJ database for clearance.

Once all forms are submitted, please wait to receive the clear to enter form from Crete Academy.



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

#### Applicant Submission

ORI: AL957 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:

**Crete Academy**  
Agency Authorized to Receive Criminal Record Information  
**6103 Crenshaw Blvd**  
Street Address or P.O. Box  
**Los Angeles** **CA 90047**  
City State ZIP Code

**22472**  
Mail Code (five-digit code assigned by DOJ)  
**Brett Mitchell**  
Contact Name (mandatory for all school submissions)  
**(323) 791-1600**  
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 \_\_\_\_\_ APT# \_\_\_\_\_

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 \_\_\_\_\_