

REQUEST FOR LIVE SCAN SERVICE

BCII 8016A (3/07)

Applicant Submission for Public Schools or Joint Powers Agencies

ORI: _____
Code assigned by DOJ

Type of Applicant: (check one) Classified School Emp. Credentialed School Emp

The following selections are for Public Schools only:

License, Certification, Permit Peace Officer Law Enforcement Personnel Volunteer

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

City State Zip Code

Contact Telephone Number

Name of Applicant:

(Please print) _____
Last First Middle Initial

AKA's: _____
Last First

CDL No. _____

DOB: _____ SEX: Male Female

Misc. No. **BIL** _____
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 _____