

# 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 \_\_\_\_\_