

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: A2416 Type of Application: Volunteer/VCA
Code assigned by DOJ

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

Agency Address Set Contributing Agency:
RP BABE RUTH CAL RIPKEN BB 31963
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

PO BOX 2751
Street No. Street or PO Box

ROHNERT PARK CA 94928
City State Zip Code

Contact Name (Mandatory for all school submissions)

Contact Name Telephone No.

Name of Applicant: _____
(Please Print) Last First MI

Alias: _____ Last First Driver's License No:

Date of Birth: _____ SEX: Male Female

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Place of Birth: _____

Social Security Number: _____

Misc. No. BIL - _____
Agency Billing Number

Misc. Number: AM128

Home Address: _____
Street No. Street or PO Box

City State Zip

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service: DOJ FBI

If resubmission, list original ATI Number: _____

Employer: (Additional response for agencies specified by statute)
N/A

Employer Name _____

N/A N/A N/A
Street No. Street Name or P.O. Box Mail Code (five digit code assigned by DOJ)

N/A N/A N/A N/A
City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Name of Operator Date

AMERIPRINTS _____ ACCOUNT
Transmitting Agency ATI No. Amount Collected/Billed