

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: _____ Type of Application: VOLUNTEER
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: VOLUNTEER COACH

Agency Address Set Contributing Agency

SFPAL 02756
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

350 Amber Drive, Room 203 Lorraine Woodruff-Long
Street No Street or PO Box Contact Name (Mandatory for all school submissions)

San Francisco CA 94131 (415) 401-4666
City State Zip Code Contact Telephone No

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

Alias: _____ Driver's License No: _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. BIL - _____
Agency Billing Number

Height: _____ Weight: _____ Misc. Number: _____

Home Address: _____
Street No Street or PO Box

Eye Color: _____ Hair Color: _____
City, State and Zip Code

Place of Birth: _____

Social Security Number: _____

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)

Employer Name _____

Street No _____ Street or PO Box _____ Mail Code (five digit code assigned by DOJ) _____
City State Zip Code () Agency Telephone No (optional)

Live Scan Transaction Completed By: _____
Name of Operator Date

Transmitting Agency _____ ATI No _____ Amount Collected/Billed _____



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California Department of Justice
Authorized Live Scan Provider

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