State of California

Department of Justice

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Print | Clear Form

Applicant Submission

ORI: A6258 (Code assigned by DOJ) Type of Application: Volunteer

Job Title or Type of License, Certification or Permit: (select:)

Agency Address Set Contributing Agency:

Christian Athletic League
Agency authorized to receive criminal history information

01117
Mail Code (five-digit code assigned by DOJ)

P.O. Box 2946
Street No. Street or PO Box

Ralph E. Tidwell
Contact Name (Mandatory for all school submissions)

Riverside CA 92516
City State Zip Code

(951) 637-1040
Contact Telephone No.

Name of Applicant:
(Please print) Last First MI

Alias:
Last First

Driver's License No:

Date of Birth: Sex: ☐ Male ☐ Female

Misc. No. BIL - N/A
Agency Billing Number

Height: Weight:

Misc. Number:

Home Address:

Eye Color: Hair Color:

Street No. Street or PO Box

Place of Birth:

City, State and Zip Code

Social Security Number:

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

Level of Service: [X] DOJ [X] 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

ORIGINAL – Live Scan Operator; SECOND COPY – Applicant; THIRD COPY (if needed) – Requesting Agency