

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: A0472 Type of Application: MESSAGE THERAPY/OUTCALL MESSAGE
Code assigned by DOJ
 Job Title or Type of License, Certification or Permit: MESSAGE THERAPY

Agency Address Set Contributing Agency:
CITY OF CHINO.POLICE DEPT. 00044
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)
13220 CENTRAL AVE. CONNIE FORESTER
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)
CHINO CA 91720 (909) 464-0714
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: N/A
 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: 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 _____