

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

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

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

Agency Address Set Contributing Agency:

Christian Athletic League 01117
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

P.O. Box 2946 Ralph E. Tidwell
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)

Riverside CA 92516 (951) 637-1040
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 - 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: 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 _____