

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016A (3/07)

**Applicant Submission for Public Schools or Joint Powers Agencies**

*Students Name*

**ORI:** A6898  
Code assigned by DOJ

Type of Applicant: (check one)  Classified School Emp.  Credentialed School Emp

**The following selections are for Public Schools only:**

License, Certification, Permit  Peace Officer  Law Enforcement Personnel  Volunteer

Job Title or Type of License, Certification or Permit: \_\_\_\_\_

Agency Address Set Contributing Agency:

California Montessori Project 06733  
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

5330-A Gibbons Drive, Ste 700 Carrie Klagenberg  
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)

Carmichael CA 95608 916-971-2432  
City State Zip Code Contact Telephone Number

Name of Applicant: \_\_\_\_\_  
(Please print) Last First Middle Initial

AKA's: \_\_\_\_\_ CDL No. \_\_\_\_\_  
Last First

DOB: \_\_\_\_\_ SEX:  Male  Female Misc. No. **BIL** \_\_\_\_\_  
Agency Billing Number

HT: \_\_\_\_\_ WT: \_\_\_\_\_ Misc. No. \_\_\_\_\_

EYE Color: \_\_\_\_\_ HAIR Color: \_\_\_\_\_ Home Address: (Applies only if Youth Org. / HRA or Public Utility submission)

POB: \_\_\_\_\_  
Street or P.O. Box

SOC: \_\_\_\_\_  
City, State and Zip Code

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

If resubmission, list Original ATI No. \_\_\_\_\_

Level of Service:  DOJ  FBI

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

\_\_\_\_\_ \_\_\_\_\_  
Transmitting Agency ATI Number Amount Collected/Billed