

Clear Form

REQUEST FOR LIVE SCAN SERVICE

BCI 8016 (3/07)

Applicant Submission

ORI: A5748 Type of Application: Volunteer

Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Volunteer

Agency Address Set Contributing Agency:

Roman Catholic Bishop of Santa Rosa

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

P.O. Box 1297

Street No. Street or PO Box

Julie Sparacio

Contact Name (Mandatory for all school submissions)

Santa Rosa

CA

95402

(707) 566-3308

City

State

Zip Code

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 - Agency Billing Number

Height: Weight: Misc. Number:

Eye Color: Hair Color: Home Address: Street No. Street or PO Box

Place of Birth: City, State and Zip Code

Social Security Number:

Your Number: St. Francis Solano School OCA No. (Agency Identifying No.)

Level of Service: [X] 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