

REQUEST FOR LIVE SCAN SERVICE

BCII 0016 (3/07)

Applicant Submission

ORI: AB 318 Code assigned by DOJ Type of Application: Volunteer
 Job Title or Type of License, Certification or Permit: CASA Volunteer with CACI

Agency Address Set Contributing Agency:

Voices for Children 03129
 Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)
2851 Meadowlark Drive Cristin Marona
 Street No. Street or PO Box Contact Name (Mandatory for all school submissions)
San Diego CA 92123 (858) 569.2019
 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 - 142281
 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