

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Clear Form

Applicant Submission

ORI: A5725 Type of Application: VOLUNTEER
Code assigned by DOJ
 Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:
FORTY NINER YOUTH SOCCER LEAGUE
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)
4015 BONANZA WAY
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)
LOOMIS CA 95650 (530) 889-4300 x. 4321
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 - 144337
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