State of California

Department of Justice

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Print

Clear Form

Applicant Submission

ORI: _____ Type of Application: YOUTH NON PROFIT VOLUNTEER

Code assigned by DOJ

Job Title or Type of License, Certification or Permit: YOUTH NON PROFIT VOLUNTEER

Agency Address Set Contributing Agency:

TOLUCA BASEBALL INC

Agency authorized to receive criminal history information

N/A

Mail Code (five-digit code assigned by DOJ)

PO BOX 2171

Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

TOLUCA LAKE CA 91610

City State Zip Code

(888) 899-9004

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 - 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)

N/A

Employer Name

N/A

Street No. Street or PO Box

N/A

Mail Code (five digit code assigned by DOJ)

N/A

City State Zip Code

( )

Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____

Name of Operator

Date

Transmitting Agency

ATI No.

Amount Collected/Billed

ORIGINAL – Live Scan Operator; SECOND COPY – Applicant; THIRD COPY (if needed) – Requesting Agency