

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: A9329 Type of Application: Volunteer/Employment
Code assigned by DOJ
 Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

<u>Community HousingWorks</u> <small>Agency authorized to receive criminal history information</small>	<u>11039</u> <small>Mail Code (five-digit code assigned by DOJ)</small>
<u>2815 Camino del Rio South, Suite 350</u> <small>Street No. Street or PO Box</small>	<u>Vanessa Garcia</u> <small>Contact Name (Mandatory for all school submissions)</small>
<u>San Diego</u> <u>CA</u> <u>92108</u> <small>City State Zip Code</small>	<u>(760) 755-5449</u> <small>Contact Telephone No.</small>

Name of Applicant: _____
(Please print) Last First MI

Alias: _____ Driver's License No: _____
Last First

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: _____
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI Level of Service: DOJ FBI
 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 _____
		() _____ <small>Agency Telephone No. (optional)</small>

Live Scan Transaction Completed By: _____
Name of Operator Date

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____