

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Clear Form

Applicant Submission

ORI: AA198 Type of Application: Volunteer
Code assigned by DOJ

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

Agency Address Set Contributing Agency:

Rotary District Fifty One Thirty
Agency authorized to receive criminal history information

11591
Mail Code (five-digit code assigned by DOJ)

736 F Street
Street No. Street or PO Box

Randal J. Mendosa
Contact Name (Mandatory for all school submissions)

Arcata CA 95521
City State Zip Code

(707) 839-2507
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 - _____
Agency Billing Number

Height: _____ Weight: _____ Misc. Number: _____

Eye Color: _____ Hair Color: _____
Street No. Street or PO Box

Place of Birth: _____
City, State and Zip Code

Social Security Number: _____

Your Number: N/A
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
Mail Code (five digit code assigned by DOJ)

N/A
Street No. Street or PO Box

N/A
City State Zip Code

() N/A
Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
Name of Operator Date

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