

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: A0438 Type of Application: EMPLOYEE or VOLUNTEER
Code assigned by DOJ

Job Title or Type of License, Certification or Permit:

Agency Address Set Contributing Agency:

Diocese of San Diego

Agency authorized to receive criminal history information

01174

Mail Code (five-digit code assigned by DOJ)

P.O.Box 85728

Street No. Street or PO Box

Lisa Marie Geriak

Contact Name (Mandatory for all school submissions)

San Diego

CA

92186-5728

( 858 ) 490-8240

City

State

Zip Code

Contact Telephone No.

Name of Applicant:

(Please print)

Last

First

MI

Alias:

Last

First

Driver's License No:

Date of Birth:

Sex:

Male checkbox

Female

Female checkbox

Misc. No. BIL -

N/A

Agency Billing Number

Height:

Weight:

Misc. Number:

N/A

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:

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OCA No. (Agency Identifying No.)

Level of Service:

DOJ checkbox

DOJ

FBI checkbox

FBI

If resubmission, list Original ATI Number:

Employer: (Additional response for agencies specified by statute)

N/A

Employer Name

N/A

N/A

Street No.

Street or PO Box

Mail Code (five digit code assigned by DOJ)

N/A

N/A

N/A

( N/A )

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