STATE OF CALIFORNIA
BCIA 8016
(orig. 04/2001; rev. 01/2011)

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A1570
ORI (Code assigned by DOJ)

Volunteer
Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Catholic School Department
Agency Authorized to Receive Criminal Record Information

03358
Mail Code (five-digit code assigned by DOJ)

2110 Broadway
Street Address or P.O. Box

Tannia Chavez
Contact Name (mandatory for all school submissions)

Sacramento | CA | 95818
City | State | ZIP Code

(916) 733-0237
Contact Telephone Number

Applicant Information:

Last Name | First Name | Middle Initial | Suffix

Other Name (AKA or Alias) Last | First | Suffix

Date of Birth | Sex ☐ Male ☐ Female | Driver's License Number

Height | Weight | Eye Color | Hair Color | Billing Number (Agency Billing Number)

Place of Birth (State or Country) | Social Security Number | Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box | City | State | ZIP Code

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☐ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name | Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City | State | ZIP Code | Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator | Date

Transmitting Agency | LSID | ATI Number | Amount Collected/Billed

ORIGINAL - Live Scan Operator | SECOND COPY - Applicant | THIRD COPY (if needed) - Requesting Agency