

REQUEST FOR LIVE SCAN SERVICE

BCII 8016A (3/07)

Applicant Submission for Public Schools or Joint Powers Agencies

ORI: A0572
Code assigned by DOJ

Type of Applicant: (check one) Classified School Emp. Credentialed School Emp

The following selections are for Public Schools only:

License, Certification, Permit Peace Officer Law Enforcement Personnel Volunteer

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

Agency Address Set Contributing Agency:
Marin County Office of Education 01833

Agency authorized to receive criminal history information 1111 Las Gallinas Avenue Mail Code (five-digit code assigned by DOJ) Amy Ridings

Street No. San Rafael, CA 94903 Contact Name (Mandatory for all school submissions) (415) 499-5863

City San Rafael State CA Zip Code 94903 Contact Telephone Number (415) 499-5863

Name of Applicant: (Please print)
Last _____ First _____ Middle Initial _____

AKA's: Last _____ First _____ CDL No. _____

DOB: _____ SEX: Male Female Misc. No. **BIL** Applicant pays all fees.
Agency Billing Number

HT: _____ WT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: (Applies only if Youth Org. / HRA or Public Utility submission)

POB: _____ Street or P.O. Box _____

SOC: _____ City, State and Zip Code _____

Your Number: _____ OCA No. (Agency Identifying No.) _____ Level of Service: DOJ FBI

If resubmission, list Original ATI No. _____

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI Number _____ Amount Collected/Billed _____

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