

REQUEST FOR LIVE SCAN SERVICE

BCII 8016A (3/07)

Applicant Submission for Public Schools or Joint Powers Agencies

ORI: A9753

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: Volunteer

Agency Address Set Contributing Agency:

Lake Avenue Community Fdn

11298

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

712 E. Villa St.

Linnie Riboli

Street No.

Street or P.O. Box

Contact Name (Mandatory for all school submissions)

Pasadena

CA

91101

626.449.4960

City

State

Zip Code

Contact Telephone Number

Name of Applicant:

(Please print)

Last

First

Middle Initial

AKA's:

Last

First

CDL No. _____

DOB: _____

SEX: Male Female

Misc. No. **BIL** 147990

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: _____

Name of Operator

Date: _____

Transmitting Agency

ATI Number

Amount Collected/Billed