

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: AB770
Code assigned by DOJ

Type of Application: Volunteer/VCA

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

Agency Address Set Contributing Agency:

Mad River Youth Soccer

12875

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

103

P.O. Box

N/A

Street No.

Street or PO Box

Contact Name (Mandatory for all school submissions)

Arcata

CA

95518

N/A

City

State

Zip Code

Contact Name Telephone No.

Name of Applicant:

(Please Print)

Last

First

MI

Alias: N/A

N/A

Driver's License No:

Last

First

Date of Birth:

SEX:

Male

Female

Misc. No. BIL -

146559

Agency Billing Number

Height:

Weight:

Misc. Number:

N/A

Eye Color:

Hair Color:

Home Address:

Street No.

Street or PO Box

Place of Birth: N/A

City

State

Zip

Social Security Number:

XXXXXXXXXX

Your Number:

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

N/A

N/A

Street No.

Street Name or P.O. Box

Mail Code (five digit code assigned by DOJ)

N/A

N/A

N/A

N/A

City

State

Zip Code

Agency Telephone No. (optional)

Live Scan Transaction Completed By:

Tyler Kyle Bob

####

Name of Operator

Date

We PrintU

B219

Billed

Transmitting Agency

ATI No.

Photo Taken

Amount Collected/Billed