

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Clear Form

Applicant Submission

ORI: A2209 Type of Application: VOLUNTEER

Code assigned by DOJ

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

Agency Address Set Contributing Agency:

DIOCESE OF MONTEREY
Agency authorized to receive criminal history information

07818
Mail Code (five-digit code assigned by DOJ)

PO BOX 2048
Street No. Street or PO Box

STEFANIE OLSEN
Contact Name (Mandatory for all school submissions)

MONTEREY CA 93942
City State Zip Code

(831) 373-4345
Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

Alias: _____ Driver's License No: _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. BIL - NOT APPLICABLE
Agency Billing Number

Height: _____ Weight: _____ Misc. Number: _____

Eye Color: _____ Hair Color: _____
Street No. Street or PO Box

Place of Birth: _____
City, State and Zip Code

Social Security Number: _____

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)

Employer Name _____

Street No. Street or PO Box
City State Zip Code

Mail Code (five digit code assigned by DOJ)
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Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
Name of Operator Date

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____