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

## **REQUEST FOR LIVE SCAN SERVICE**

(Public Schools or Joint Powers Agencies)

Applicant Submission		
ORI: A0834 Type of Applicant:	Classified School Employee Credentialed School Employe	ee
The following selections are for Public Schools only:		
License, Certification, Permit Peace Officer	Law Enforcement Officer 🛛 🖂 Volunteer	
Type of License/Certification/Permit OR Working Title:	Maximum 30 characters - if assigned by DOJ, use exact title assigned)	
Contributing Agency Information:		
Alameda Unified School District Agency Authorized to Receive Criminal Record Information	 Mail Code (five-digit code assigned by DOJ)	
2060 Challenger Drive Street Address or P.O. Box	Humera Khalil Contact Name (mandatory for all school submissions)	
Alameda CA 94501 City ZIP Code	(510) 337-7070 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 Fees paid by applicant (Agency Billing Number)	
Place of Birth (State or Country) Social Security Number	Misc. Number	
Home	(Other Identification Number)	
Address Street Address or P.O. Box	City State ZIP Co	ode
Your Number: (OCA Number (Agency Identifying Number)	Level of Service: $\boxtimes$ DOJ $\boxtimes$ FBI	
If re-submission, list original ATI number: (Must provide proof of rejection)	Original ATI Number	
Live Scan Transaction Completed By:		
Name of Operator	Date	
Transmitting Agency LSID	ATI Number Amount Collected/Billed	
ORIGINAL - Live Scan Operator SECOND COP	PY - Applicant THIRD COPY (if needed) - Requesting Agency	