

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant SubmissionORI: A6447 Type of Application: Parent Volunteer
Code assigned by DOJJob Title or Type of License, Certification or Permit: Private School Parent Volunteer

Agency Address Set Contributing Agency:

St. Michael's Episcopal Day School

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

2140 Mission AvenueSue Abbott

Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

CarmichaelCA95608(916) 679-6102

City

State

Zip Code

Contact Telephone No.

Name of Applicant:

(Please print)

Last

First

MI

Alias:

Last

First

Driver's License No:

Date of Birth: Sex: ☐ Male ☐ Female

Misc. No. BIL -

Agency Billing Number

Height: Weight:

Misc. Number:

Home Address:

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

Mail Code (five digit code assigned by DOJ)

City

State

Zip Code

Agency Telephone No. (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

ATI No.

Amount Collected/Billed

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<u>Carmichael</u>	<u>CA</u>	<u>95608</u>	<u>(916) 679-6102</u>
City	State	Zip Code	Contact Telephone No.
Name of Applicant: (Please print) Last First MI			
Alias: Last First		Driver's License No:	
Date of Birth:	Sex: ☐ Male ☐ Female	Misc. No. BIL - Agency Billing Number	
Height:	Weight:	Misc. Number:	
Eye Color:		Hair Color:	
Place of Birth:		Home Address:	
Social Security Number:		Street No. Street or PO Box	
		City, State and Zip Code	
Your Number:		Level of Service: ☒ DOJ ☒ FBI	
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Live Scan Transaction Completed By: Name of Operator Date			
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