

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: A6235 Type of Application: Volunteer

Code assigned by DOJ

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

Agency Address Set Contributing Agency:

Big Brothers Big Sisters of San Luis Obispo County

Agency authorized to receive criminal history information

05190

Mail Code (five-digit code assigned by DOJ)

PO BOX 16644

Street No. Street or PO Box

Anna Boyd-Bucy

Contact Name (Mandatory for all school submissions)

San Luis Obispo, CA 93406

City State Zip Code

(805) 781-3226

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 - _____
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 _____

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 _____