

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: AB534 Type of Application: PRIVATE SCHOOL EMPLOYEE
Code assigned by DOJ
 Job Title or Type of License, Certification or Permit: VOLUNTEER

Agency Address Set Contributing Agency:
St Michael the Archangel Academy 12679
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)
4790 Irvine Blvd. Suite 105-286 Mark Wells
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)
Irvine CA 92620 (760) 948-0116
City State Zip Code 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: _____
 Home Address: _____
Street No. Street or PO Box
 Eye Color: _____ Hair Color: _____
City, State and Zip Code
 Place of Birth: _____
 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

ORIGINAL – Live Scan Operator; SECOND COPY – Applicant; THIRD COPY (if needed) – Requesting Agency