

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: A5748 Type of Application: Volunteer

Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Classroom & Field Trip assistance

Agency Address Set Contributing Agency:

Roman Catholic Bishop of Santa Rosa

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

P. O. Box 1297

Street No. Street or PO Box

Bishop Daniel Walsh

Contact Name (Mandatory for all school submissions)

Santa Rosa

CA

95402

(707) 545-7610

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:

Home Address:

Street No.

Street or PO Box

Place of Birth:

City, State and Zip Code

Social Security Number:

Your Number: Saint Eugene's Cathedral School

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