State of California

Department of Justice

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: A9593 (Code assigned by DOJ)

Type of Application: VOLUNTEER

Job Title or Type of License, Certification or Permit: CAYOMADERMG / 11105.3PC

Agency Address Set Contributing Agency:

UC COOPERATIVE EXTENSION
Agency authorized to receive criminal history information

A02773
Mail Code (five-digit code assigned by DOJ)

328 MADERA AVENUE
Street No. Street or PO Box

DENISE CUENDETT
Contact Name (Mandatory for all school submissions)

MADERA
City

CA
State

93637
Zip Code

(559) 675-7879
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

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