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)

145 Tozer St. Suite 103
Street No. Street or PO Box

DENISE CUENDETT
Contact Name (Mandatory for all school submissions)

MADERA (City) CA (State) 93638 (Zip Code)

(559) 352-8840
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