

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Clear Form

Applicant Submission

ORI: A8928 Type of Application: Employment
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: In-Home Care Provider

Agency Address Set Contributing Agency:

LIFE Services 10749
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

PO Box 1790 Richard Fraser
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)

Gilroy Ca. 95021 (408) 840-3425
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: _____

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: (Leave This Blank)
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI Level of Service: DOJ FBI
 Number: (Leave This Blank)

Employer: (Additional response for agencies specified by statute)

As Above
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 _____