

REQUEST FOR LIVE SCAN SERVICE

BCII 8016A (3/07)

Applicant Submission for Public Schools or Joint Powers Agencies

ORI: A0281
Code assigned by DOJ

Type of Applicant: (check one) Classified School Emp. Credentialed School Emp

The following selections are for Public Schools only:

License, Certification, Permit Peace Officer Law Enforcement Personnel Volunteer

Job Title or Type of License, Certification or Permit: Applicant for Teacher Credential

Agency Address Set Contributing Agency:

California Commission on Teacher Credentialing 03294
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

Box 944270 (1900 Capitol Avenue)
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)

Sacramento CA 94244-2700 (916) 445-7254
City State Zip Code Contact Telephone Number

Name of Applicant: _____
(Please print) Last First Middle Initial

AKA's: _____ CDL No. _____
Last First

DOB: _____ SEX: Male Female Misc. No. **BIL** _____
Agency Billing Number

HT: _____ WT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: (Applies only if Youth Org. / HRA or Public Utility submission)

POB: _____
Street or P.O. Box

SOC: _____
City, State and Zip Code

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service: DOJ FBI

If resubmission, list Original ATI No. _____

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI Number _____ Amount Collected/Billed _____

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