State of California

Department of Justice

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
Agency authorized to receive criminal history information

03294
Mail Code (five-digit code assigned by DOJ)

P.O. Box 944270 (1900 Capitol Avenue)
Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

Sacramento
City

CA
State

94244-2700
Zip Code

(916) 445-7254
Contact Telephone Number

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

AKA's:
Last First

CDL No.

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:
Name of Operator

Date:

Transmitting Agency

ATI Number

Amount Collected/Billed

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