

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: AB359 <small>Code assigned by DOJ</small>	Type of Application: VOL SUB CLASSIFIED EMPLOYEE <small>(circle one)</small>
Job Title or Type of License, Certification or Permit: _____	
Agency Address Set Contributing Agency: Newcastle Elementary School District	
Agency authorized to receive criminal history information 645 Kentucky Greens Way	Mail Code (five-digit code assigned by DOJ) 01887
Street No. Newcastle, CA 95658	Contact Name (Mandatory for all school submissions) Diane Gilbert
City CA State CA Zip Code 95658	Contact Telephone No. (916) 259-2832

Applicants to Fill Out Only the Section Below

Name of Applicant: _____ <small>(Please Print)</small>	Last	First	MI
Driver's License No: _____			
Date of Birth: _____	SEX: Male Female	Misc. No. BIL - _____	Agency Billing Number
Height: _____	Weight: _____	Home Address: _____	
Eye Color: _____	Hair Color: _____	Street No.	Street or PO Box
		City	State Zip
Social Security Number: _____			

Below Section To be Filled Out by LiveScan Technician

OCA Number: _____	School Name	Level of Service: <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI	
If resubmission, list original ATI Number: _____			
Live Scan Transaction Completed By: _____			
Name of Operator		LSID#	Date
Transmitting Agency	ATI No: _____	AMOUNT	

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