

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: AA375 Type of Application: Volunteer
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Driver + Classroom Volunteer

Agency Address Set Contributing Agency:
Delta Elementary Charter School 11747
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

127 PO Box
Street No. Street or PO Box

Clarksburg CA 95612
City State Zip Code

Contact Name (Contact Name (Mandatory for all school submissions)
 Contact Telephone No.

Applicants to Fill Out Only the Section Below

Name of Applicant: _____
(Please Print) Last First MI

Driver's License No: _____

Date of Birth: _____ SEX: Male Female Misc. No. BIL - CLS
Agency Billing Number

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Home Address: _____
Street No. Street or PO Box
City State Zip

Social Security Number: _____

Below Section To be Filled Out by LiveScan Technician

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

Level of Service: **DOJ** **FBI**
Field Trip Driver only

If resubmission, list original ATI Number: _____

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

Capital LiveScan (777) 888-8802
 ATI No: _____ Amount Collected: _____

Walk In Service Available At	Hours of Operation	Forms of Payment
Capital LiveScan 5706 Broadway Sacramento, Ca. 95820 (916) 456-5260 For Mobiles Call (877) 888-8802	Monday thru Friday (9:00am to 6:00pm) Walkins Only Saturday (10:00am to 2:00pm) Walkins Only	Billing Accounts Cash Company Checks Credit Cards Debit Cards

DOJ Status Check Line: (916) 227-4557 Available 24/7
 Debit Credit Cash Billed