

REQUEST FOR LIVE SCAN SERVICE

BCII 8016A (3/07)

Applicant Submission for Public Schools or Joint Powers Agencies

ORI: A5044
Code assigned by DOJ

Type of Applicant: (check one) Classified School Emp. Credentialed School Emp TCC/Teacher Credentialing

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: Parent Volunteer for Turner Elementary

Agency Address Set Contributing Agency:

<u>Benicia Unified School District</u>		<u>01538</u>
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)
<u>350</u>	<u>East K St</u>	<u>Kathleen Zeuli</u>
Street No.	Street or P.O. Box	Contact Name (Mandatory for all school submissions)
<u>Benicia</u>	<u>CA</u>	<u>(707) 748-2613</u>
City	State	Contact Telephone Number
	<u>94510</u>	
	Zip Code	

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

AKA's: _____ CDL No. _____
Last First

DOB: _____ SEX: Male Female Misc. No. **BIL** DO NOT BILL BENICIA USD
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 _____