

# 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:

Benicia Unified School District 01538  
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

350 East K St Kathleen Zeuli  
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)

Benicia CA 94510 (707) 748-2613  
City State Zip Code 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** 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.)

If resubmission, list Original ATI No. \_\_\_\_\_

Level of Service:  DOJ  FBI

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

Transmitting Agency \_\_\_\_\_ ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_