

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

**Applicant Submission**

ORI: A4830 Type of Application: Volunteer  
Code assigned by DOJ  
 Job Title or Type of License, Certification or Permit: \_\_\_\_\_

Agency Address Set Contributing Agency:  
Mika CDC 02620  
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)  
1718 Monrovia Ave Crissy Brooks  
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)  
Costa Mesa CA 92627 ( 949 ) 645-0075  
City State Zip Code Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI  
 Alias: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Last First  
 Date of Birth: \_\_\_\_\_ Sex:  Male  Female Misc. No. BIL - Exempt  
Agency Billing Number  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. Number: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
Street No. Street or PO Box  
 Place of Birth: \_\_\_\_\_  
City, State and Zip Code  
 Social Security Number: \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.) Level of Service:  DOJ  FBI  
 If resubmission, list Original ATI Number: \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)  
 Employer Name \_\_\_\_\_  
 Street No. \_\_\_\_\_ Street or PO Box \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ ( ) \_\_\_\_\_  
Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Name of Operator \_\_\_\_\_ Date \_\_\_\_\_  
 Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_