

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: A4069 Type of Application: Volunteer
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Mentoring

Agency Address Set Contributing Agency:
Peacemakers Inc 05978
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

3080 Teagraden St.
Street No. Street or PO Box

San Leandro Ca, 94577 510 347-4620 ex.124
City State Zip Code Contact Name (Mandatory for all school submissions)

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 - 142156
Agency Billing Number

Height: _____ Weight: _____ Misc. Number: _____

Eye Color: _____ Hair Color: _____ 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) _____
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City _____ State _____ Zip Code _____ Agency Telephone No. (optional) _____

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

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____