

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

**Clear Form**

**Applicant Submission**

ORI: A7138 Type of Application: VOLUNTEER  
Code assigned by DOJ

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

Agency Address Set Contributing Agency:

Community Outreach & Opportunity Programs

Agency authorized to receive criminal history information

00279

Mail Code (five-digit code assigned by DOJ)

8929 S. Sepulveda Blvd., Suite #400

Street No. Street or PO Box

Sharma Henderson

Contact Name (Mandatory for all school submissions)

Los Angeles

CA

90045

City

State

Zip Code

( 310 ) 649-1016

Contact Telephone No.

Name of Applicant: SUPER CO-OP VOLUNTEER  
(Please print) Last First MI

Alias: GREAT VOLUNTEER Driver's License No: A9999999  
Last First

Date of Birth: 99/99/9999 Sex:  Male  Female Misc. No. BIL - 146388  
Agency Billing Number

Height: 9'9 Weight: 999 Misc. Number: LEAVE BLANK

Eye Color: COLOR Hair Color: COLOR Home Address: 9999 HAPPY HOME LANE  
Street No. Street or PO Box

Place of Birth: YOUR TOWN YOUR TOWN, CA 99999  
City, State and Zip Code

Social Security Number: 999-99-9999

Your Number: N/A  
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 \_\_\_\_\_