

Clear Form

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: A8875 Type of Application: VOLUNTEER
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: Coach / Team Parent / Board Member / (pick one)

Agency Address Set Contributing Agency:

Milpitas Police PAL 05100
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)
1275 N Milpitas Blvd Police Community Relations
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)
Milpitas CA 95035 (408) 586-2400
City State Zip Code Contact Telephone No.

Name of Applicant: (Please print) Last First MI

Alias: Last First Driver's License No:

Date of Birth: Sex: Male Female Misc. No. BIL - 142005
Agency Billing Number

Height: Weight: Misc. Number:

Home Address:

Eye Color: Hair Color: Street No. Street or PO Box

Place of Birth: City, State and Zip Code

Social Security Number:

Your Number: Soccer
OCA No. (Agency Identifying No.)

Level of Service: [checked] DOJ [] FBI

If resubmission, list Original ATI Number:

Employer: (Additional response for agencies specified by statute)

Leave this portion blank

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