

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: AC602 Type of Application: Volunteer - Youth Organization
Code assigned by DOJ
 Job Title or Type of License, Certification or Permit: Volunteer

Agency Address Set Contributing Agency:

<u>Hands for Hope</u>		<u>13692</u>
<small>Agency authorized to receive criminal history information</small>		<small>Mail Code (five-digit code assigned by DOJ)</small>
<u>3941 Park Drive, Suite 20-264</u>		<u>Jennifer Bassett</u>
<small>Street No.</small>	<small>Street or PO Box</small>	<small>Contact Name (Mandatory for all school submissions)</small>
<u>El Dorado Hills</u>	<u>CA</u>	<u>(916) 919-5695</u>
<small>City</small>	<small>State</small>	<small>Zip Code</small>
		<small>Contact Telephone No.</small>

Name of Applicant: _____
(Please print) Last First MI

Alias: _____ Driver's License No: _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. BIL - N/A
Agency Billing Number

Height: _____ Weight: _____ Misc. Number: _____

Eye Color: _____ Hair Color: _____
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 _____