STATE OF CALIFORNIA
BCII 8016
(orig. 4/01; rev. 6/09)

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0533
ORI (Code assigned by DOJ)

Family Home Agency
Authorized Applicant Type

Employment
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

DDS - Office Protective Services
Agency Authorized to Receive Criminal Record Information

03561
Mail Code (five-digit code assigned by DOJ)

1600 9th Street, MS 3-20
Street Address or P.O. Box

Office of Protective Services
Contact Name (mandatory for all school submissions)

Sacramento
City

CA 95814
State ZIP Code

877-658-9731
Contact Telephone Number

Applicant Information:

Last Name

First Name | Middle Initial | Suffix

Other Name (AKA or Alias) Last

First | Suffix

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height | Weight | Eye Color | Hair Color

Billing Number
(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City | State | ZIP Code

Your Number:
OCA Number (Agency Identifying Number)

Level of Service: ☑ DOJ ☐ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

California Commuity Opportunities, Inc.
Employer Name

03561
Mail Code (five digit code assigned by DOJ

1475 S. Bascom Avenue, #104
Street Address or P.O. Box

Campbell
City

CA
State

95008
ZIP Code

408-369-1910
Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Verify Group
Transmitting Agency

LSID

ATI Number

$57 - Account
Amount Collected/Billed

ORIGINAL - Live Scan Operator | SECOND COPY - Applicant | THIRD COPY (if needed) - Requesting Agency