

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: AA346 Type of Application: Volunteer

Code assigned by DOJ

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

Agency Address Set Contributing Agency:

Snoop Youth Football League

11722

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

9465 Wilshire Blvd, sixth floor

Edwina Tillman

Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

Beverly Hills

Ca

90212

(310) 819-7106

City

State

Zip Code

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 - _____

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: _____

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 _____

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Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____

Name of Operator

Date

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