

State of California  
**REQUEST FOR LIVE SCAN SERVICE**

Department of Justice

BCII 8016 (3/07)

**Clear Form**

**Applicant Submission**

ORI: **A2242** Type of Application: \_\_\_\_\_  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: \_\_\_\_\_

Agency Address Set Contributing Agency:

<u><b>Cazadero Performing Arts Camp</b></u> Agency authorized to receive criminal history information		<u><b>02357</b></u> Mail Code (five-digit code assigned by DOJ)
<u><b>P.O. Box 7908</b></u> Street No. Street or P.O. Box		<u><b>Rick Austin</b></u> Contact Name (Mandatory for all school submissions)
<u><b>Berkeley,</b></u> City	<u><b>CA</b></u> State	<u><b>94707</b></u> Zip Code
		<u><b>(510) 527-7500</b></u> 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 - **143772**  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. Number: **N/A**

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Street No. Street or P.O. Box

Place of Birth: \_\_\_\_\_ City, State and Zip Code

Social Security Number: \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI Level of Service:  DOJ  FBI

Number: \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)

Employer Name \_\_\_\_\_

Street No. _____	Street or P.O. 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. \_\_\_\_\_ Amt. Collected/Billed \_\_\_\_\_