

State of California
REQUEST FOR LIVE SCAN SERVICE

Department of Justice

BCII 8016 (3/07)

Applicant Submission

ORI: **A2242**
Code assigned by DOJ

Type of Application: _____

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

Agency Address Set Contributing Agency:

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

Height: _____ Weight: _____

Misc. Number: **N/A**

Eye Color: _____ Hair Color: _____

Home Address: _____
Street No. Street or P.O. Box
City, State and Zip Code

Place of Birth: _____

Social Security Number: _____

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

Level of Service: DOJ

If resubmission, list Original ATI 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