STATE OF CALIFORNIA
BCIA 8016
(Rev. 04/2020)

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A3180
ORI (Code assigned by DOJ)

Volunteer
Authorized Applicant Type

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

Contributing Agency Information:

Providence Christian School
Agency Authorized to Receive Criminal Record Information

05843
Mail Code (five-digit code assigned by DOJ)

P.O. Box 719
Street Address or P.O. Box

Sarah Vollman
Contact Name (mandatory for all school submissions)

Shingle Springs | CA | 95682
City | State | ZIP Code

(530) 672-6657
Contact Telephone Number

Applicant Information:

Last Name | First Name | Middle Initial | Suffix

Other Name: (AKA or Alias)

Last Name | First Name | Suffix

Sex ☐ Male ☐ Female

Date of Birth

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

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature | Date

Your Number: 5361
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☐ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

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

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box | Telephone Number (optional)

City | State | ZIP Code | Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator | Date

Transmitting Agency | LSID | ATI Number | Amount Collected/Billed