STATE OF CALIFORNIA
BCIA 8016
(orig. 04/2001; rev. 01/2011)

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE

Print Form Reset Form

Applicant Submission

A7615
ORI (Code assigned by DOJ)

KINDERGARTEN THRU 12TH GRADE TUTOR
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:

SAN FRANCISCO STUDENTS BACK ON TRACK
Agency Authorized to Receive Criminal Record Information

05051
Mail Code (five-digit code assigned by DOJ)

1399 MCALLISTER STREET
Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

SAN FRANCISCO | CA | 94115
City | State | ZIP Code

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):

Employer Name | Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City | State | ZIP Code | Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator | Date

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

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