State of California

Department of Justice

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: A4902 (Code assigned by DOJ)

Type of Application: Employment

Job Title or Type of License, Certification or Permit: Classified Employee

Agency Address Set Contributing Agency:

Dehesa Charter School (Agency authorized to receive criminal history information)

02607 (Mail Code (five-digit code assigned by DOJ))

1441 Montiel Road, Suite 143 (Street No. Street or PO Box)

Nicole Antifae (Contact Name (Mandatory for all school submissions))

Escondido (City) CA (State) 92026 (Zip Code)

(760) 743-7880 (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 - Applicant Must Pay (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

( ) Agency Telephone No. (optional)

Live Scan Transaction Completed By: Name of Operator

Date

Transmitting Agency

ATI No.

Amount Collected/Billed

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