

Clear Form

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: A2963 Type of Application: VOLUNTEER
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: CATHEDRAL

Agency Address Set Contributing Agency:

DIOCESE OF STOCKTON 08620
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)
212 N. SAN JOAQUIN STREET LINDA DILLEN
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)
STOCKTON CA 95202 (209) 466-0636, EXT 611
City State Zip Code 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 - 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: CATHEDRAL OCA No. (Agency Identifying No.)
Level of Service: [X] 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