STATE OF CALIFORNIA
BCII 8016
(orig. 4/01; rev. 9/13)

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: AA846
ORI (Code assigned by DOJ)

VOLUNTEER
Authorized Applicant Type

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

Contributing Agency Information:

DIOCESE OF OAKLAND
Agency Authorized to Receive Criminal Record Information

29251
Mail Code (five-digit code assigned by DOJ)

2121 Harrison Street
Street Address or P.O. Box

Diana Bitz
Contact Name (mandatory for all school submissions)

Oakland | CA | 94612
City | State | ZIP Code

510-267-8315
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 **140662**
(Agency Billing Number)

Place of Birth (State or Country) | Telephone Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box | City | State | ZIP Code

Level of Service
DOJ ONLY

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

Original ATI Number

DIOCESAN SITE INFORMATION: (VENDOR PLEASE TYPE THIS NAME IN THE OCA POSITION)

Parish/School Site: St. Paul School
1825 Church Lane

San Pablo | CA | 94806
City

Live Scan Transaction Completed By:

Name of Operator | Date

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

ORIGINAL - Live Scan Operator

SECOND COPY – Applicant or Site