

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: AC242 Type of Application: Employee/Volunteer
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Employee/Volunteer

Agency Address Set Contributing Agency:

<u>Crossline Community Church</u> <small>Agency authorized to receive criminal history information</small>	<u>13346</u> <small>Mail Code (five-digit code assigned by DOJ)</small>
<u>23331 Moulton Pkwy.</u> <small>Street No. Street or PO Box</small>	<u>Michelle Hilde</u> <small>Contact Name (Mandatory for all school submissions)</small>
<u>Laguna Hills</u> <u>CA</u> <u>92653</u> <small>City State Zip Code</small>	<u>(949) 916-0250 ext. 104</u> <small>Contact Telephone No.</small>

Name of Applicant: _____
(Please print) Last First MI

Alias: _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. BIL - 149769
Agency Billing Number

Height: _____ Weight: _____ Misc. Number: _____

Eye Color: _____ Hair Color: _____ Home Address: _____
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 _____
		() _____ <small>Agency Telephone No. (optional)</small>

Live Scan Transaction Completed By: _____
Name of Operator Date

Transmitting Agency _____
ATI No. Amount Collected/Billed