REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Capital LiveScan

Office # (916)456-5260 5706 Broadway Sacramento, CA 95820 ContactUs@Capitallivescan.com

Applicant Submission		Billed Form Only					
ORI: Code assigned	A9891		e of Application:	Volunteer/VCA		A	
Job Title or Type of License, Certification or Permit:				Volunteer			
Agency Address Set Contr	ributing Agency:						
	Granite E	Bay FC		11416			
Agency authorized to re	ceive criminal histo	y information		Mail Code (five-digit code assigned by DOJ)			
	P.O. Box	x 2221					
Street No.	Street or PO B	ox		Contact Name (Mandator	ry for all school submissio	ns)	
G	rantie Bay,	CA 95746 Zip Code					
City	State	Zip Code		Contact Telephone No.			
Applicants to Fill Out Only the Section Below							
Name of Applicant:		Last	First		MI		
(Flease Fillit)					IVII		
Driver's License No:							
Date of Birth:		SEX: Male	Female	Misc. No. BIL -	1	46559	
				_	Agency	Billing Number	
Height:		Weight:		_			
Home Address:							
5 0.1							
Eye Color:		Hair Color:		Street No.	Stre	eet or PO Box	
				City	Sta	te Zip	
Social Security Number:							
	unty rtumbor.			_			
Below Section To be Filled Out by LiveScan Technician							
	20.01.						
004 Normale and		X-1255					
OCA Number:		/- IZ00					
			Level of Serv	ice.	DOJ	FBI	
If real house	on list seinin-l	ATI Number	20.0.0.000	<u>~</u>		_ · · · ·	
ii resupmissi	on, list original	ATT NUMBER					
Live Scan Transaction Completed By:							
Live Ocali III	andaolion ou	mpiotod by.	Name of Opera	tor LSID#		Date	
Conital Live	Soon	ATI No:	,		D- 1	lot Collect	
Capital Live Scan Transmitting Agency		ATI No:				lot Collect MOUNT	
	J -,						
No Appointment Necessary							
Conta	act Info		Capital Live Scan			Office Hours	

(916)456-5260 ContactUs@Capitallivescan.com 5706 Broadway Sacramento, CA 95820 Mon-Fri Saturday Sunday 9am-6pm 10am-2pm Closed