State of California
REQUEST FOR LIVE SCAN SERVICE
BCII 8016 (3/07)

Applicant Submission

ORI: A4069 Type of Application: Volunteer
Code assigned by DOJ
Job Title of Type of License, Certification or Permit: **Mentoring**

Agency Address Set Contributing Agency:

Peacemakers Inc. **05978**
Agency authorized to receive criminal history information — Mail Code (five-digit code assigned by DOJ)
3080 Teagarden St.
Street No. Street Name or PO Box — Contact Name (Mandatory for all school submissions)
San Leandro Ca. 94577 **800-315-4507**
City State Zip Code — Contact Telephone No.

Name Of Applicant: _____ _____ ___
(Please Print) Last First MI

Alias: _____ _____ Drive's License No: _____
Last First

Date Of Brith: _____ Six: ☐ Male ☐ Female Misc. No. Bil- 142156
Agency Billing Number

Height: _____ Weight: _____ Misc. Number: _____

Home Address:
Eyes Color: _____ Hair Color: _____ _____
Street Address Street Name or PO Box

Place Of Birth: _____ _____
City, State and Zip Code

Social Security Number: _____

Your Number: _____
OCA No. (Ardency 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 ATL No. Amount Collected/Billed

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