

# REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

## Applicant Submission

ORI: A6569 Type of Application: \_\_\_\_\_  
Code assigned by DOJ  
 Job Title or Type of License, Certification or Permit: \_\_\_\_\_

Agency Address Set Contributing Agency:  
Ventura Missionary School 03834  
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)  
500 High Point Drive Donna Barradas  
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)  
Ventura CA 93003 ( 805 ) 644-9515  
City State Zip Code Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI  
 Alias: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Last First  
 Date of Birth: \_\_\_\_\_ Sex:  Male  Female Misc. No. BIL - 141210  
Agency Billing Number  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. Number: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
Street No. Street or PO Box  
 Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
City, State and Zip Code  
 Place of Birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_

Your Number: 141210  
OCA No. (Agency Identifying No.)  
 Level of Service:  DOJ  FBI  
 If resubmission, list Original ATI Number: \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)  
Ventura Missionary School  
Employer Name  
500 High Point Drive 03834  
Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)  
Ventura CA 93003 ( 805 ) 644-9515  
City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_  
Name of Operator Date  
 Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_