



STATE OF CALIFORNIA

**REQUEST FOR LIVE SCAN SERVICE**

DEPARTMENT OF JUSTICE  
BCIA 8016A (orig. 04/2001; rev. 01/2011)

**Applicant Submission**

**(Public Schools or Joint Powers Agencies)**

ORI: \_\_\_\_\_ Type of Applicant:  Classified School Employee  Credentialed School Employee  
Code assigned by DOJ

**The following selections are for Public Schools only:**

License, Certification, Permit  Peace Officer  Law Enforcement Officer  Volunteer

Type of License/Certification/Permit OR Working Title: \_\_\_\_\_  
(Maximum 30 characters - if assigned by DOJ, use exact title assigned)

**Contributing Agency Information:**

Agency Authorized to Receive Criminal Record Information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_  
Street Address or P.O. Box \_\_\_\_\_ Contact Name (mandatory for all school submissions) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ 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 \_\_\_\_\_  
(Agency Billing Number)  
Place of Birth (State or Country) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Misc. Number \_\_\_\_\_  
(Other Identification Number)  
Home Address Street Address or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Your Number: \_\_\_\_\_  
(OCA Number (Agency Identifying Number))

Level of Service:  DOJ  FBI

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

**Live Scan Transaction Completed By:**

Name of Operator \_\_\_\_\_ Date \_\_\_\_\_  
Transmitting Agency \_\_\_\_\_ LSID \_\_\_\_\_ ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_