

STATE OF CALIFORNIA BCIA 8016 (orig. 04/2001; rev. 01/2011)

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission	
A2733	Volunteer
ORI (Code assigned by DOJ)	Authorized Applicant Type
Type of License/Certification/Permit OR Working Title (Maximum 30 characters -	if assigned by DOJ, use exact title assigned)
Contributing Agency Information:	
Roman Catholic Bishop of Sacramento	08893
Agency Authorized to Receive Criminal Record Information	Mail Code (five-digit code assigned by DOJ)
2110 Broadway Street Address or P.O. Box	Sandra Canenguez Contact Name (mandatory for all school submissions)
Sacramento CA 95818	The second contract of
City State ZIP Code	(916) 733-0237 Contact Telephone Number
Applicant Information:	
Last Name	First Name Middle Initial Suffix
Other Name	That Halle Hilliam Sulfix
(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) Misc.
Place of Birth (State or Country) Social Security Number	Number (Other Identification Number)
Home	,
Address Street Address or P.O. Box	City State ZIP Code
Your Number: St. Dominics Church-Benicio	Level of Service: DOJ FBI
If re-submission, list original ATI number: (Must provide proof of rejection)	Original ATI Number
Employer (Additional response for agencies specified by statute):	
Employer Name	Mail Code (five digit code assigned by DOJ)
Street Address or P.O. Box	
City State ZIP Code	Telephone Number (optional)
Live Scan Transaction Completed By:	
Name of Operator	Date
Transmitting Agency LSID	ATI Number Amount Collected/Billed