

FOR INSTRUCTIONAL PURPOSES ONLY



STATE OF CALIFORNIA
BCIA 0016
(orig. 04/2001; rev. 01/2011)

DEPARTMENT OF JUSTICE

APPLICANT MUST COMPLETE REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A8537

ORI (Code assigned by DOJ)

Name of Camp/Lab/Clinic/Dept

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

Employee or Volunteer
Authorized Applicant Type

Contributing Agency Information:

Leland Stanford Junior University

Agency Authorized to Receive Criminal Record Information

215 Panama Street, Bldg. D

Street Address or P.O. Box

Stanford

City

CA 94305-6207

State ZIP Code

06988

Mail Code (five-digit code assigned by DOJ)

Risk Management / JoAnne Thorne

Contact Name (mandatory for all school submissions)

(650) 723-4555

Contact Telephone Number

Applicant Information:

Last Name

Other Name

(AKA or Alias) Last

Date of Birth

Sex Male Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First

Suffix

Driver's License Number

Billing

Number 144022

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

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

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

ORIGINAL - Live Scan Operator

SECOND COPY - Applicant

THIRD COPY (if needed) - Requesting Agency