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

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE
(Public Schools or Joint Powers Agencies)

Applicant Submission

ORI: A 6898 (Code assigned by DOJ) Type of Applicant: ☐ Classified School Employee ☐ Credentialed School Employee

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:

CA MONTESSORI PROJECT - CAP
Agency Authorized to Receive Criminal Record Information

06733
Mail Code (five-digit code assigned by DOJ)

5330-A GIBBONS DR, STE 700
Street Address or P.O. Box

LISA COATES
Contact Name (mandatory for all school submissions)

CARMICHAEL | CA | 95608
City | State | ZIP Code

(916) 971-2432
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

ORIGINAL - Live Scan Operator SECOND COPY - Applicant THIRD COPY (if needed) - Requesting Agency