State of California

Department of Justice

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Clear Form

Applicant Submission

ORI: **AA717** (Code assigned by DOJ)

Type of Application: **DOJ & FBI Background Check for VOLUNTEER**

Job Title or Type of License, Certification or Permit: **VOLUNTEER at CA Public School**

Agency Address Set Contributing Agency:

INTERNATIONAL SCHOOL OF MONTEREY
Agency authorized to receive criminal history information

12053
Mail Code (five-digit code assigned by DOJ)

1720 YOSEMITE STREET
Street No. Street or PO Box

LISA GRIFFIN BURNS, OPERATIONS & HR MGR
Contact Name (Mandatory for all school submissions)

SEASIDE City **CA** State **93955** Zip Code

(831) 583-2165
Contact Telephone No.

Name of Applicant: (Please print) Last First MI

Alias: Last First

Driver's License No:

Date of Birth: Sex: ☐ Male ☐ Female

Misc. No. BIL - Agency Billing Number

Height: Weight:

Misc. Number:

Home Address:

Eye Color: Hair Color:

Street No. Street or PO Box

Place of Birth:

City, State and Zip Code

Social Security Number:

Your Number: OCA No. (Agency Identifying No.)

Level of Service: ☐ DOJ ☐ FBI

If resubmission, list Original ATI Number:

Employer: (Additional response for agencies specified by statute)

NA: NOT APPLICABLE / VOLUNTEER
Employer Name

Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

( ) Agency Telephone No. (optional)

Live Scan Transaction Completed By: Name of Operator

Date

Transmitting Agency

ATI No.

Amount Collected/Billed

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