

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Clear Form

Applicant Submission

ORI: A8875 Code assigned by DOJ Type of Application: VOLUNTEER

Job Title or Type of License, Certification or Permit: Coach / Team Parent / Board Member / (pick one)

Agency Address Set Contributing Agency: Milpitas Police PAL 05100 Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ) 1275 N Milpitas Blvd Police Community Relations Street No. Street or PO Box Contact Name (Mandatory for all school submissions) Milpitas CA 95035 (408) 586-2400 City State Zip Code 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 - 142005 Agency Billing Number Height: Weight: Misc. Number: Home Address: Eye Color: Hair Color: Place of Birth: Social Security Number:

Your Number: Soccer OCA No. (Agency Identifying No.) Level of Service: DOJ FBI If resubmission, list Original ATI Number:

Employer: (Additional response for agencies specified by statute) Leave this portion blank 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