

REQUEST FOR LIVE SCAN SERVICE

BC11 8016A (3/07)

Applicant Submission for Public Schools or Joint Powers Agencies

ORI: A6772
Code assigned by DOJ

Type of Applicant: (check one) Classified School Emp. Credentialed School Emp.

The following selections are for Public Schools only:

License, Certification, Permit Peace Officer Law Enforcement Personnel Volunteer

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

COVINA-VALLEY UNIFIED SCHOOL DISTRICT 03410
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

519 E. BADILLO STREET **MICHELE DOLL**
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)

COVINA **CA** **91723** **(626) 974-7000 EXT. 800006**
City State Zip Code Contact Telephone Number

Name of Applicant: _____
(Please print) Last First Middle Initial

AKA's _____ CDL No. _____
Last First

DOB: _____ SEX: Male Female Misc. No. **BIL** _____
Agency Billing Number

HT: _____ WT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: (Applies only if Youth Org. / HRA or Public Utility submission)

POB: _____ _____
Street or P.O. Box

SOC: _____ _____
City, State and Zip Code

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

Level of Service: DOJ FBI

If resubmission, list Original ATI No. _____

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

_____ _____ _____
Transmitting Agency ATI Number Amount Collected/Billed