

**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: Volunteer

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