

# REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

# Capital LiveScan

Office # (916)456-5260

5706 Broadway

Sacramento, CA 95820

[ContactUs@Capitallivescan.com](mailto:ContactUs@Capitallivescan.com)

## Applicant Submission

## Billed Form Only

ORI: <u>A2733</u> <small>Code assigned by DOJ</small>	Type of Application: _____	Volunteer
Job Title or Type of License, Certification or Permit: _____		Volunteer
Agency Address Set Contributing Agency: _____		
<u>Roman Catholic Bishop (Church)</u>		<u>08893</u>
<small>Agency authorized to receive criminal history information</small>		<small>Mail Code (five-digit code assigned by DOJ)</small>
<u>2110 Broadway</u>		<u>Yvette Espinoza</u>
<small>Street No.</small>	<small>Street or PO Box</small>	<small>Contact Name (Mandatory for all school submissions)</small>
<u>Sacramento, CA 95818</u>		_____
<small>City</small>	<small>State</small>	<small>Zip Code</small>
_____		<small>Contact Telephone No.</small>

## Applicants to Fill Out Only the Section Below

Name of Applicant: _____ <small>(Please Print)</small>			
_____	_____	_____	_____
<small>Last</small>	<small>First</small>	<small>MI</small>	
Driver's License No: _____			
Date of Birth: _____	SEX: Male Female	Misc. No. BIL - <u>CLS</u>	<small>Agency Billing Number</small>
Height: _____	Weight: _____	Home Address: _____	
Eye Color: _____	Hair Color: _____	_____	_____
		<small>Street No.</small>	<small>Street or PO Box</small>
		_____	_____
		<small>City</small>	<small>State</small> <small>Zip</small>
Social Security Number: _____			

## Below Section To be Filled Out by LiveScan Technician

OCA Number: <u>St. Clare</u>			
Level of Service: <input checked="" type="checkbox"/> DOJ <input type="checkbox"/> FBI			
If resubmission, list original ATI Number: _____			
Live Scan Transaction Completed By: _____			
_____		_____	_____
<small>Name of Operator</small>		<small>LSID#</small>	<small>Date</small>
<u>Capital Live Scan</u>	ATI No: _____	<u>Do Not Collect</u>	
<small>Transmitting Agency</small>		<small>AMOUNT</small>	

## No Appointment Necessary

<b>Contact Info</b>	<b>Capital Live Scan</b>	<b>Office Hours</b>
(916)456-5260	The UPS Store 4125	Mon-Fri 8:30am- 6pm
<a href="mailto:ContactUs@Capitallivescan.com">ContactUs@Capitallivescan.com</a>	1420 East Roseville Pkwy #140	Saturday 9am-4:30pm
	Roseville, CA 95661	Sunday Closed