

STATE OF CALIFORNIA

BCIA 8016 (Rev. 04/2020)

REQUEST FOR LIVE SCAN SERVICE

Reset Form

Applicant Submission	
AA864 ORI (Code assigned by DOJ)	VOLUNTEER Authorized Applicant Type
Type of License/Certification/Permit OR Working Title (Maximum 30 characters -	- if assigned by DOJ, use exact title assigned)
Contributing Agency Information:	
TRI-CITY LITTLE LEAGUE Agency Authorized to Receive Criminal Record Information	12186 Mail Code (five-digit code assigned by DOJ)
2351 SUNSET #170-341 Street Address or P.O. Box	Contact Name (mandatory for all school submissions)
ROCKLIN City CA State 95765 ZIP Code	Contact Telephone Number
Applicant Information:	
Last Name	First Name Middle Initial Suffix
Other Name: (AKA or Alias)	
Last Name	First Name Suffix
Sex Male Female	Driver's License Number
Height Weight Eye Color Hair Color	Billing Number ACCOUNT WITH 5 STAR FINGERPRINTING
	(Agency Billing Number) Misc.
Place of Birth (State or Country) Social Security Number	Number (Other Identification Number)
Home Address Street Address or P.O. Box	City State ZIP Code
I have received and read the included Privacy Notice,	Privacy Act Statement, and Applicant's Privacy Rights.
Applicant Signature	Date
Your Number:	Level of Service: X DOJ FBI
OCA Number (Agency Identifying Number)	(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)
If re-submission, list original ATI number: (Must provide proof of rejection) Original ATI Number	
Employer (Additional response for agencies specified by statute)	<u> </u>
BILL TRI-CITY LITTLE LEGUE Employer Name	
Street Address or P.O. Box	Telephone Number (optional)
City State	
City	7IP Code Mail Code (five digit code assigned by DO I)
Live Scan Transaction Completed By:	ZIP Code Mail Code (five digit code assigned by DOJ)
Live Scan Transaction Completed By: Name of Operator	ZIP Code Mail Code (five digit code assigned by DOJ) Date