

State of California Certified Small Business # 1596560

State of California

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Captial LiveScan

Office # (877) 888-8802
Sacramento, Ca.95820
Jeff@CaptialLiveScan.com

Applicant Submission

ORI: <u>AA375</u> <small>Code assigned by DOJ</small>	Type of Application: <u>Volunteer</u>
Job Title or Type of License, Certification or Permit: <u>School Volunteer</u>	
Agency Address Set Contributing Agency: Delta Elementary Charter School	
<u>11747</u> <small>Mail Code (five-digit code assigned by DOJ)</small>	
<u>PO Box 127</u> <small>Street No. Street or PO Box</small>	<u>Peter Stone</u> <small>Contact Name (Mandatory for all school submissions)</small>
<u>Clarksburg, CA 95612</u> <small>City State Zip Code</small>	<u>916-744-1000</u> <small>Contact Telephone No.</small>

Applicants to Fill Out Only the Section Below

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

Below Section To be Filled Out by LiveScan Technician

Your Number: _____ <small>OCA No. (Agency Identifying No.)</small>	Level of Service: <input checked="" type="checkbox"/> DOJ
If resubmission, list original ATI Number: _____	
Live Scan Transaction Completed By: _____ <small>Name of Operator</small>	_____ <small>Date</small>
CLS <small>Transmitting Agency</small>	ATI No: _____
Debit Credit Cash \$42	

Capital LiveScan 5705 Broadway Sacramento, Ca. 95820 (916) 456-5260	For service at your location, please call: (877) 888-8802	Hours Monday thru Friday 9:00 a.m. to 6:00 p.m Saturday 10:00 a.m. to 2:00p.m.
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ORIGINAL - Live Scan Operator SECOND COPY - Applicant; THIRD COPY (if needed) - Requesting Agency