STATE OF CALIFORNIA
BCIA 8016
(Rev. 04/2020)

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REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AV490
ORI (Code assigned by DOJ)

VOLUNTEER
Authorized Applicant Type

RELIGIOUS YOUTH ORGANIZATION
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

SOUTHEASTERN CALIFORNIA CONFERENCE OF S.D.A.
Agency Authorized to Receive Criminal Record Information

28181
Mail Code (five-digit code assigned by DOJ)

P.O. BOX 79990
Street Address or P.O. Box

JULIANA MOON
Contact Name (mandatory for all school submissions)

RIVERSIDE
City

CA
State

92513
ZIP Code

(951) 509-2337
Contact Telephone Number

Applicant Information:

Last Name

First Name | Middle Initial | Suffix

Other Name: (AKA or Alias)

Last Name

First Name | Suffix

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height | Weight | Eye Color | Hair Color

Billing Number
(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. 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:
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI
(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):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City | State | ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator | Date

Transmitting Agency | LSID | ATI Number | Amount Collected/Billed