

REQUEST FOR LIVE SCAN SERVICE

BCII 8016A (3/07)

Applicant Submission for Public Schools or Joint Powers Agencies

ORI: AB427

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: Facilities/Maintenance

Agency Address Set Contributing Agency:

Santa Clarita Valley International Charter School

12669

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

28049 Smyth Dr,

Amber Raskin

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

Valencia

CA

91355

661-705-4820

City

State

Zip Code

Contact Telephone Number

Name of Applicant:

(Please print)

Last

First

Middle Initial

AKA's:

Last

First

CDL No. _____

DOB: _____

SEX: Male Female

Misc. No. BIL N/A

Agency Billing Number

HT: _____

WT: _____

Misc. No. N/A

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