STATE OF CALIFORNIA
BCIA 8016A
(Rev. 05/2020)

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REQUEST FOR LIVE SCAN SERVICE
(Public Schools or Joint Powers Agencies)

Applicant Submission

ORI: AD927 (Code assigned by DOJ) Type of Applicant: ☐ Classified School Employee ☐ Credentialed School Employee

The following selections are for Public Schools only:

☐ License, Certification, Permit ☐ Peace Officer ☐ Law Enforcement Officer ☒ Volunteer

Type of License/Certification/Permit OR Working Title: Sleepy Hollow - Volunteer
(Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Orinda Union School District — Agency Authorized to Receive Criminal Record Information
01915 — Mail Code (five-digit code assigned by DOJ)
8 Altarinda Road — Street Address or P.O. Box
Keli Cooper — Contact Name (mandatory for all school submissions)
Orinda — City; CA — State; 94563 — ZIP Code
9252586207 — Contact Telephone Number

Applicant Information:

Last Name | First Name | Middle Initial | Suffix

Other Name: (AKA or Alias)

Last | First | 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 re-submission, list original ATI number: (Must provide proof of rejection) Original ATI Number

Live Scan Transaction Completed By:

Name of Operator | Date

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