

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

**Capital LiveScan**

Office # (916)456-5260

5706 Broadway

Sacramento, CA 95820

[ContactUs@Capitallivescan.com](mailto:ContactUs@Capitallivescan.com)

**Applicant Submission**

**VOLUNTEER PAYS ALL FEES**

ORI: <b>AB359</b> <small>Code assigned by DOJ</small>	Type of Application: <b>VOLUNTEER</b>
Job Title or Type of License, Certification or Permit: <b>VOLUNTEER</b>	
Agency Address Set Contributing Agency: <b>NEWCASTLE ELEMENTRY</b>	
Agency authorized to receive criminal history information	Mail Code (five-digit code assigned by DOJ) <b>01887</b>
Street No. <b>8951 VALLEY VIEW DR</b>	Contact Name (Mandatory for all school submissions)
Street or PO Box	<b>(916) 663-3307</b>
<b>NEWCASTLE CA 95658</b>	Contact Telephone No.
City State Zip Code	

**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: Male Female	Misc. No. BIL - <b>CUSTOMER PAYS FEES</b>	Agency Billing Number
Height: _____	Weight: _____	Home Address: _____	
Eye Color: _____	Hair Color: _____	Street No.	Street or PO Box
Social Security Number: _____	City	State	Zip

**Below Section To be Filled Out by LiveScan Technician**

OCA Number: <b>HARVEST RIDGE SCHOOL</b>	Level of Service: <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI
If resubmission, list original ATI Number: _____	
Live Scan Transaction Completed By: _____	Name of Operator LSID# Date
<b>Capital Live Scan</b>	ATI No: _____
Transmitting Agency	AMOUNT

**No Appointment Necessary**

Contact Info	Capital Live Scan	Office Hours
(916)456-5260 <a href="mailto:ContactUs@Capitallivescan.com">ContactUs@Capitallivescan.com</a>	5706 Broadway Sacramento, CA 95820	Mon-Fri 9am-6pm Saturday 10am-2pm Sunday Closed