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: AB359 (Code assigned by DOJ)

Type of Application: Volunteer or Employee (Circle One)

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

Newcastle Elementary School District — Agency authorized to receive criminal history information

01887 — Mail Code (five-digit code assigned by DOJ)

450 Main Street — Street No. / Street or PO Box

Diane Gilbert — Contact Name (Mandatory for all school submissions)

Newcastle, CA 95658 — City / State / Zip Code

(916) 259-2832 Ex 200 — Contact Telephone No.

Applicants to Fill Out Only the Section Below

Name of Applicant: _____ (Please Print) Last / First / MI

Driver's License No: _____

Date of Birth: _____ SEX: ☐ Male ☐ Female

Misc. No. BIL - CLS (Agency Billing Number)

Height: ____ Weight: _____

Eye Color: ____ Hair Color: _____

Home Address: _____ Street No. / Street or PO Box

_____ City / State / Zip

Social Security Number: _____

Below Section To be Filled Out by LiveScan Technician

OCA Number: _____ **School Name**

Level of Service: [X] DOJ [X] FBI

If resubmission, list original ATI Number: _____

Live Scan Transaction Completed By: _____ Name of Operator _____ LSID# _____ Date

Capital Live Scan Transmitting Agency

ATI No: _____

Cash Credit Check

Capital LiveScan HQ 5706 Broadway Sacramento, Ca. 95820 (877) 888-8802	For service at your location, please call: (877) 888-8802	For hours and other locations, please visit our website at: **www.capitallivescan.com**

ORIGINAL - Live Scan Operator SECOND COPY - Applicant; THIRD COPY (if needed) - Requesting Agency