STATE OF CALIFORNIA
BCIA 8016A
(orig. 04/2001; rev. 01/2011)

DEPARTMENT OF JUSTICE

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

Print Form | Reset Form

Applicant Submission

ORI: A0763 (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: NAME OF SCHOOL:
(Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

PACIFICA SCHOOL DISTRICT
Agency Authorized to Receive Criminal Record Information

01775
Mail Code (five-digit code assigned by DOJ)

375 REINA DEL MAR
Street Address or P.O. Box

SUZY SANTIAGO
Contact Name (mandatory for all school submissions)

PACIFICA (City) CA (State) 94044 (ZIP Code)

6507386602
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

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

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