

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016A (3/07)

**Applicant Submission for Public Schools or Joint Powers Agencies**

**ORI:** AB479  
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: \_\_\_\_\_

Agency Address Set Contributing Agency:

Santa Ynez Valley Union High School District 03399  
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

P.O. Box 398 Elysia Lewis  
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)

Santa Ynez CA 93460 805-688-6487 ext. 3560  
City State Zip Code Contact Telephone Number

Name of Applicant: \_\_\_\_\_  
(Please print) Last First Middle Initial

AKA's: \_\_\_\_\_ CDL No. \_\_\_\_\_  
Last First

DOB: \_\_\_\_\_ SEX:  Male  Female Misc. No. **BIL 140657**  
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: 399  
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