

STATE OF CALIFORNIA
DEPARTMENT OF JUSTICE
GENERIC LIVE SCAN FORM



STATE OF CALIFORNIA
BCIA 8016
(Rev. 05/2018)

DEPARTMENT OF JUSTICE

Find a Location

Mobile Appointments

Applicant Submission

REQUEST FOR LIVE SCAN SERVICE

Fingerprint Applicant Submission

AY452

ORI (Code assigned by DOJ)

EMPLOYEE

Authorized Applicant Type

Volunteer

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

Contributing Agency Information:

CAYOFELLOWSHIP CHRISTIAN

Agency Authorized to Receive Criminal Record Information

32128

Mail Code (five-digit code assigned by DOJ)

8701 Leeds Rd

Street Address or P.O. Box

JOY COFIELD

Contact Name (mandatory for all school submissions)

Kansas City

City

MO

State

64129

ZIP Code

8169210909

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)

Misc.

Number

(Other Identification Number)

Place of Birth (State or Country)

Social Security 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 the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI)

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed