

Process:

- 1.) Take a filled out Request for Live Scan form with you to any Live Scan location. We will provide you with a form. Here are a few locations in Elk Grove:
 - Mail & More at 5050 Laguna Blvd #112 (At Franklin/Laguna Blvd.) next to CVS)
 - Most UPS Stores
- 2.) They will scan your fingerprints and the Department of Justice will email us the results in a few days.

Approximate Cost: \$25.00



STATE OF CALIFORNIA
BCIA 8016
(Rev. 04/2020)

Print Form Reset Form

DEPARTMENT OF JUSTICE
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REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A5088 Non-Profit Organization
 ORI (Code assigned by DOJ) 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:

Calvary Chapel Laguna Creek 02709
 Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)
 2212 Kausen Dr. Darin DeVore (assistant pastor)
 Street Address or P.O. Box Contact Name (mandatory for all school submissions)
 Elk Grove CA 95758 9166843809
 City State ZIP Code Contact Telephone Number

Applicant Information:

Last Name First Name Middle Initial Suffix
 Other Name: (AKA or Alias)
 Last Name First Name Suffix
 Sex Male Female
 Date of Birth Driver's License Number
 Height Weight Eye Color Hair Color
 Billing Number Misc. Number
 (Agency Billing Number) (Other Identification Number)
 Place of Birth (State or Country) Social Security Number
 Home Address City State ZIP Code
 Street Address or P.O. Box

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature Date

Your Number: N/A Level of Service: DOJ FBI
OCA Number (Agency Identifying Number) (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: Original ATI Number
 (Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):

Employer Name Telephone Number (optional)
 Street Address or P.O. Box N/A
 City State ZIP Code Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator Date
 Transmitting Agency LSID ATI Number Amount Collected/Billed

Church Info

Your Info

Leave Blank