

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

(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

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

Applicant Signature

Date

Your Number: N/A

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

Street Address or P.O. Box

Telephone Number (optional)

City

State

ZIP Code

N/A

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