

**State of California Certified Small Business # 1596560**

State of California

**CapitalliveScan**

Office # (877) 888-8802

Sacramento, Ca.95820

Jeff@CapitalliveScan.com

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

**Applicant Submission****BILLED ACCOUNT**

ORI: <u>AB271</u> <small>Code assigned by DOJ</small>		Type of Application: <u>Volunteer</u>	
Job Title or Type of License, Certification or Permit: <u>Volunteer</u>			
Agency Address Set Contributing Agency: <b>New Harbor Church</b>		12521	
<small>Agency authorized to receive criminal history information</small>		<small>Mail Code (five-digit code assigned by DOJ)</small>	
<u>4858 East Second Street</u>		<u>Melanie Robbins</u>	
<small>Street No.</small>	<small>Street or PO Box</small>	<small>Contact Name (Mandatory for all school submissions)</small>	
<u>Benicia, CA 94510</u>		<u>707-745-4448</u>	
<small>City</small>	<small>State</small>	<small>Zip Code</small>	<small>Contact Telephone No.</small>

**Applicants to Fill Out Only the Section Below**

Name of Applicant: _____ <small>(Please Print)</small>			
Last		First	MI
Driver's License No: _____			
Date of Birth: _____	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL - <u>149124</u> <small>Agency Billing Number</small>	
Height: _____	Weight: _____	Home Address: _____	
Eye Color: _____	Hair Color: _____	_____	
		<small>Street No.</small>	<small>Street or PO Box</small>
		<small>City</small>	<small>State</small> <small>Zip</small>
Social Security Number: _____			

**Below Section To be Filled Out by LiveScan Technician**

Your Number: _____	
OCA No. (Agency Identifying No.) _____	
Level of Service: <input checked="" type="checkbox"/> DOJ <input type="checkbox"/> FBI	
If resubmission, list original ATI Number: _____	
Live Scan Transaction Completed By: _____	
Name of Operator _____ Date _____	
ATI No: _____	
Transmitting Agency	<b>Billed</b>

<b>Capital LiveScan</b> Inside The Mail Place 836 Southhampton Rd #B Benicia, CA 94510 (877) 888-8802	For service at your location, please call: <b>(877) 888-8802</b>	For hours and other locations, please visit our website at: <b>www.capitallivescan.com</b>
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ORIGINAL - Live Scan Operator

SECOND COPY - Applicant;

THIRD COPY (if needed) - Requesting Agency