STATE OF CALIFORNIA
BCIA 8016
(orig. 04/2001; rev. 01/2011)

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AB258
ORI (Code assigned by DOJ)

Golden Umbrella / Volunteer
Authorized Applicant Type

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

Contributing Agency Information:

Golden Umbrella
Agency Authorized to Receive Criminal Record Information

02609
Mail Code (five-digit code assigned by DOJ)

200 Mercy Oaks Drive
Street Address or P.O. Box

Tina Brown
Contact Name (mandatory for all school submissions)

Redding | CA | 96003
City | State | ZIP Code

(530) 223-6034
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 Non-Profit/No Fee
(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Phone Number
(Other Identification 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 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

ORIGINAL - Live Scan Operator SECOND COPY - Applicant THIRD COPY (if needed) - Requesting Agency

* PLEASE MAKE COPY FOR G.U. & RETURN W/APPL. *