

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: AE034 Type of Application: Employment
Code assigned by DOJ
 Job Title or Type of License, Certification or Permit: Credentialed School Employee

Agency Address Set Contributing Agency:
STEM Preparatory Schools Inc. 15053
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)
3200 W Adams Blvd Susana Enriquez
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)
Los Angeles, CA 90018 (323) 821-1393
City State Zip Code Contact Telephone No.

Name of Applicant: (Please print) Last First MI
 Alias: Last First Driver's License No:
 Date of Birth: Sex: Male Female Misc. No. BIL - Agency Billing Number
 Height: Weight: Misc. Number:
 Home Address:
 Eye Color: Hair Color: Street No. Street or PO Box
 Place of Birth: City, State and Zip Code
 Social Security Number:

Your Number: OCA No. (Agency Identifying No.) Level of Service: DOJ FBI
 If resubmission, list Original ATI Number:

Employer: (Additional response for agencies specified by statute)
 Employer Name
 Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)
 City State Zip Code () Agency Telephone No. (optional)

Live Scan Transaction Completed By: Name of Operator Date
 Transmitting Agency ATI No. Amount Collected/Billed