

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Clear Form**Applicant Submission**ORI: A1501 Type of Application: License

Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Adoption

Agency Address Set Contributing Agency:

Adopt International

Agency authorized to receive criminal history information

1000 Brannan Street, Suite 301

Street No. Street or PO Box

San Francisco

City

CA

State

94103

Zip Code

05497

Mail Code (five-digit code assigned by DOJ)

Lynne Jacobs

Contact Name (Mandatory for all school submissions)

(415) 934-0300

Contact Telephone No.

Name of Applicant:

(Please print)

Last

First

MI

Alias:

Last

First

Driver's License No: _____

Date of Birth: _____ Sex: ☐ Male ☐ FemaleMisc. No. BIL - N/A

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: 385201716

OCA No. (Agency Identifying No.)

Level of Service: ☒ DOJ☒ FBIIf 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

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Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____

Name of Operator

Date

Transmitting Agency

ATI No.

Amount Collected/Billed