

Fingerprinting Process

Volunteers and coaches will receive and complete one *Request for Live Scan Service* (BCII 8016) form.

Volunteers and coaches will complete the *Applicant Information* section of the form.

After completion of the *Application Information* section, two copies of this form must be made for a total of 3 copies.

A copy of a valid driver's license or ID card is also required.

All three copies of the Live Scan form and the copy of the driver's license must be brought to the Live Scan appointment.

The live scan company will do the fingerprinting and complete the bottom, shaded section of all three Live Scan forms. The live scan company will keep one copy, the applicant will keep one copy, and the remaining copy will go to the Las Lomas School District along with the copy of the driver's license.

Please remember to also provide a negative TB test completed within the last 4 years to Las Lomas School District.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A9664 _____ School Volunteer/Coach
 ORI (Code assigned by DOJ) _____ Authorized Applicant Type
 School Volunteer/Coach
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Las Lomas School District _____ 01787 _____
 Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ)
 1011 Altschul Avenue _____ Carolyn Chow _____
 Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions)
 Menlo Park _____ CA 94025 _____ (650) 854-6311 _____
 City _____ State ZIP Code _____ 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 140836 _____
 _____ (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 _____

Your Number: 140836 _____
 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 _____