State of California Certified Small Business # 1596560

Capital LiveScan

HQ Office # (916) 456-5260 Sacramento, Ca.95820 **Jeff@CapitalLiveScan.com**

MI

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Name of Applicant:

(Please Print)

Last

ORI:	A2958 Code assigned by DOJ		Type of Application:	Employment / Volunteer		
lob Title or Type o	f License, Certification or Perm	it:	9			
Agency Address Set Con	tributing Agency:					
Christian Brothers High School				06820		
Agency authorized to receive criminal history information			Mail Code (five-digit code assigned by DOJ)			
4315	Martin Luther King, Jr. Blvd			Myra Makelim - Director of HR		
Street No.	Street or PO Box		Contact Name (Mandatory for all school submissions)			
Sacramento	CA	95820		(916) 733-3650		
City	State	Zip Code	_	Contact Telephone No.		

Applicants to Fill Out Only the Section Below

First

Driver's License No:

Date of Birth:	Male S	Sex Female	Misc. No. BIL -	142791 Agency Billing Number	
Height:	Weight:		Home Address:		
Eye Color:	Hair Color:		Street No.	Street Name or PO Box	
Social Security Number:			City	State Zip	
Below Se	ction To be f	Filled Out by	LiveScan Techi	nician	
Your Number: OCA No. (Agency Id	entifying No.)	Level of Service:	X DOJ	No.of Hard Cards Photo	
If resubmission, list original ATI Number:		Level of Scivilio.	Child Index	FireArms	
Live Scan Transaction Completed		Name of Operator	LSID #	Date	
Capital LiveScan (877) 888-8802	ATI No:	tatus Check Line:		scan Sales Receipt Billed	
	Walk In S	ervice Availabl	e At:		
		Types of Payments Billing Accounts Cash Credit/Debit Cards	Capital LiveScan 5706 Broadway Sacramento, Ca. 95820 (916) 456-5260	Hours M-F (9am-6pm) Saturday (10:00am to 2pm)	

(Mobile Service for 10 or more Call 877-888-8802)