

**Volunteers! Please be sure to register online BEFORE completing your fingerprints.  
Volunteer clearance is not possible without registration.**



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

DEPARTMENT OF JUSTICE

<http://www.oaklandfund.org/volunteer/>

### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

AA578 Volunteer  
ORI (Code assigned by DOJ) Authorized Applicant Type

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

Contributing Agency Information:  
Oakland Public Education Fund 11922  
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)

P. O. Box 71005 David Korsak  
Street Address or P.O. Box Contact Name (mandatory for all school submissions)  
Oakland CA 94612 (510) 221 - 6968 X 709  
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 \_\_\_\_\_  
(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: \_\_\_\_\_ Level of Service:  DOJ  FBI  
OCA Number (Agency Identifying Number)

If re-submission, list original ATI number: \_\_\_\_\_ Original ATI Number  
(Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):  
Oakland Public Education Fund 11922  
Employer Name Mail Code (five digit code assigned by DOJ)

P. O. Box 71005  
Street Address or P.O. Box  
Oakland CA 94612 (510) 221-6968 X 709  
City State ZIP Code Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator \_\_\_\_\_ Date \_\_\_\_\_

Transmitting Agency \_\_\_\_\_ LSID \_\_\_\_\_ ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_