STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
OPOS 8016 (9/10)

OFFICE OF PEACE OFFICER SELECTION

Clear This Form and Start Over

# REQUEST FOR LIVE SCAN SERVICE

## *Applicant Submission*

ORI: **A0231** (Code assigned by DOJ) Type of Application: (check one) ☒ Employment ☐ License, Certification, Permit ☐ Contractor

Job Title or Type of License, Certification or Permit: Mentoring A Touch From Above **VOLUNTEER – GROUP HOME STAFF (MATFA)**

INDICATE IF CONTRACTOR OR VOLUNTEER

Agency Address Set Contributing Agency:

**CA Dept of Corrections and Rehabilitation - SSS** — Agency authorized to receive criminal history information

**06259** — Mail Code (five-digit code assigned by DOJ)

**9838 Old Placerville Rd, Suite B** — Street No. Street or PO Box

Selection Support Section (for fingerprint inquiries only) — Contact Name (Mandatory for all school submissions)

**Sacramento** City | **CA** State | **95827** Zip Code

( 916 ) 255-3877 (for fingerprint inquiries only) — Contact Telephone No. Fax No. 916.255.3302 **Fax form day printed**

Name of Applicant: (Please print) Last First MI

AKA s: Last First

CDL No.

DOB: SEX: ☐ Male ☐ Female

Billing No. **BIL-130109**

HT: WT:

Misc. No.

EYE Color: HAIR Color:

Home Address: (Mandatory)

POB:

Street or PO Box

SOC:

City, State and Zip Code

Your Number: **SRPO -**

**SEE NOTE ➔** **LIVE SCAN OPERATOR:** TYPE ABOVE ACRONYM EXACTLY AS WRITTEN WITH TODAY'S DATE

OCA for CDCR applicants enter the institution/office acronym ONLY **and** today's date **mm-dd-yy**. (e.g., PBSP 09-05-85)
(If **resubmission**, list the complete Original OCA No.)

If resubmission, list Original ATI No.

Level of Service: DOJ ☒ FBI ☒
**(Also request Firearms service for Peace Officer or CCW resubmissions.)**

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)
**N/A**

Employer Name

**N/A** Street No. **N/A** Street or PO Box

Mail Code (five digit code assigned by DOJ)
( **N/A** )

**N/A** City State Zip Code

Agency Telephone No. (Optional)

Live Scan Transaction Completed By: Name of Operator Date:

Transmitting Agency ATI No. Amount Collected/Billed