



LOS ANGELES COUNTY SHERIFF'S DEPARTMENT

CIVILIAN VOLUNTEER APPLICATION



State of California

Department of Justice

REQUEST FOR LIVE SCAN SERVICE

BCI 6016 (3/07)

Applicant Submission

ORI: CA0190094 Type of Application: NON SWORN LEA
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: VOLUNTEER -EXPLORER

Agency Address Set Contributing Agency:
CASOLA - VOLUNTEER PROGRAM A12491
Agency authorized to receive criminal history information
11515 S COLIMA RD RM F103 DEPUTY MARIA L. CORDOVA
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)
WHITTIER, CA 90604 562-946-7816
City State Zip Code Contact Telephone No.

ENTER YOUR STATION OR FACILITY AFTER VOLUNTEER

FILL OUT THIS SECTION ONLY

Name of Applicant: (Please print) Last First MI
Alias: Last First Driver's License No:
Date of Birth: Sex: Male Female Misc. No. BIL - 144751
Height: Weight: Misc. Number: Agency Billing Number
Eye Color: Hair Color: Home Address:
Place of Birth: Street No. Street or PO Box
City, State and Zip Code
Social Security Number:

FILL OUT THIS SECTION ONLY

Your Number: N/A
OCA No. (Agency Identifying No.)
Level of Service: X DOJ ONLY
If resubmission, list Original ATI Number: N/A

Employer: (Additional response for agencies specified by statute)
Employer Name N/A
Street No. N/A Street or PO Box N/A
City State Zip Code N/A
Mail Code (five digit code assigned by DOJ) N/A
Agency Telephone No. (optional) N/A

ENTER YOUR STATION OR FACILITY AFTER LASD

Live Scan Transaction Completed By: Name of Operator Date
LASD
Transmitting Agency ATI No. Amount Collected/Billed

ORIGINAL - Live Scan Operator; SECOND COPY - Applicant; THIRD COPY (if needed) - Requesting Agency