

INSTRUCTIONS FOR COMPLETING THE REQUEST FOR LIVE SCAN FORM
BBCIA 8016/VECHS

1. Applicant type should be either
 - a. VECHS Volunteer
 - b. VECHS Employee

2. DO NOT ADD ANY INFORMATION TO THE "Type of License/Certification/Permit OR Working Title".
 - a. It is prefilled with NCPA/VCA and any additional information will cause a rejection.

3. Fill out all sections in the Applicant Information section.

4. Include your Email and phone number in the Email/PhoneNumber of the Applicant Information section.

5. When your LiveScan is completed, please take a clear photo of the completed, signed form and email it to livescan@baysideonline.com, so that Bayside can be notified and watch for your results. If your ministry lead or coordinator asked you to send them a copy, please send the photo to them as well.



REQUEST FOR LIVE SCAN SERVICE

(California Volunteer and Employee Criminal History Service)

Applicant Submission

A3507 VECHS/VOLUNTEER11105.3PC
ORI (Code assigned by the Department of Justice (DOJ)) Authorized Applicant Type

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

Contributing Agency Information:

<p>Bayside Church Agency Authorized to Receive Criminal Record Information</p> <p>PO Box 2336</p> <p>Granite Bay CA 95746 City State ZIP Code</p>	<p>00779 MailCode (five-digit code assigned by DOJ)</p> <p>Bayside Human Resources Contact Name (mandatory for all school submissions)</p> <p>(916) 791-1244 Contact Telephone Number</p>
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Applicant Information:

<p>_____ Last Name</p> <p>_____ Other Name: (AKA or Alias)</p> <p>_____ Last Name</p> <p>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>_____ Date of Birth</p> <p>_____ Height _____ Weight _____ Eye Color _____ Hair Color _____</p> <p>_____ Place of Birth (State or Country) _____ Social Security Number</p> <p>Address for Receiving Copy of Criminal History _____ Street Address or P.O. Box</p>	<p>_____ First Name _____ Middle Initial _____ Suffix</p> <p>_____ First Name _____ Suffix</p> <p>_____ Driver's License Number</p> <p>Billing Number 146642 (Agency Billing Number)</p> <p>Email/ Phone Number _____ (Other Identification Number)</p> <p>_____ City _____ State _____ ZIP Code</p>
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I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature _____
Date

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the 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

Street Address or P.O. Box _____
Telephone Number (optional)

City _____
State _____
ZIP Code _____
Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

_____ Name of Operator	_____ Date
_____ Transmitting Agency	_____ LSID
_____ ATI Number	_____ Amount Collected/Billed