

LIVE SCAN LOCATIONS: SHASTA-TEHAMA COUNTY

SHASTA COUNTY			
Location	Hours	Rolling Fee	Acceptable Forms of Payment
ANDERSON - W78 * Anderson Police Dept. 2220 North Street Anderson, CA 96007 (530) 378-6606 cvonhassell@ci.anderson.ca.us	T, Th (1:30-4:30pm) Appt. only Mobile Services. * Mobile Services Available	\$18.00 City of Anderson residents only.	Cash Cashier's Check Checks Money Order
ANDERSON - GH1 Signature Mobile Notary & Fingerprinting Services 5982 Heavenly Valley Road Anderson, CA 96007 (530) 941-9493 info@signaturemobilenotaryinc.com	M-Sun Appt. only; Mobile Only; Services for Northern Counties. * Mobile Services Available	\$25.00	Cash Cashier's Check Checks Money Order
BURNEY - W79 * Shasta Co. Sheriff's Dept. 20509 Shasta Street Burney, CA 96013 (530) 335-4511	M-F (9am-3pm)	\$18.00	Cash Checks
REDDING - W76 * Redding Police Dept. 1313 California Street Redding, CA 96001 (530) 225-4244	T-Th (10am-4pm) F (Office of Edu. employees only)	\$18.00	Cash Checks
TEHAMA COUNTY			
Location	Hours	Rolling Fee	Acceptable Forms of Payment
RED BLUFF - A62 IBT an L-1 Identity Solutions Company 645 Antelope Blvd, Suite 34 Red Bluff, CA 96080 (800) 315-4507 cafingerprint@sylvanidentix.com	T, Th (12noon-5pm) Appt. only Same day service available at most locations. Mobile Services available. (Information & Appointment Scheduling) Mobile Service * Mobile Services Available	\$25.00	Cashier's Check Checks Credit Cards IIS Escrow Accounts Money Order
RED BLUFF - 883 * Tehama Co. Sheriff's Dept. 502 Oak Street P.O. Box 729 Red Bluff, CA 96080 (530) 529-7940	M,W,F (9am-3:30pm) Appt. only	\$24.50	Cash Cashier's Check Checks Money Order

Updated 9/18/09

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: A2733 Type of Application: Volunteer

Code assigned by DOJ

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

Roman Catholic Bishop of Sacramento
Agency authorized to receive criminal history information

08893
Mail Code (five-digit code assigned by DOJ)

2110 Broadway
Street No. Street or PO Box

Yvette Espinoza
Contact Name (Mandatory for all school submissions)

Sacramento CA 95818
City State Zip Code

(916) 733-0237
Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

Alias: _____ Driver's License No: _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. BIL - n/a
Agency Billing Number

Height: _____ Weight: _____ Misc. Number: _____

Eye Color: _____ Hair Color: _____
Street No. Street or PO Box

Place of Birth: _____
City, State and Zip Code

Social Security Number: _____

Your Number: (Parish, City)
OCA No. (Agency Identifying No.)

Level of Service: DOJ FBI

If resubmission, list Original ATI Number: _____

Employer: (Additional response for agencies specified by statute)

n/a
Employer Name

n/a
Mail Code (five digit code assigned by DOJ)

n/a
Street No. Street or PO Box

n/a
City State Zip Code

(n/a)
Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
Name of Operator Date

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: _____ Type of Application: _____
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

_____ Mail Code (five-digit code assigned by DOJ) _____
Agency authorized to receive criminal history information

Street No. Street or PO Box _____ Contact Name (Mandatory for all school submissions) _____
 _____ () _____
 City State Zip Code _____ Contact Telephone No. _____

Name of Applicant: _____
(Please print) Last First MI

Alias: _____ Driver's License No: _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. BIL - _____
Agency Billing Number

Height: _____ Weight: _____ Misc. Number: _____

Home Address: _____

Street No. Street or PO Box

Eye Color: _____ Hair Color: _____

City, State and Zip Code

Place of Birth: _____

Social Security Number: _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service: DOJ FBI

If resubmission, list Original ATI Number: _____

Employer: (Additional response for agencies specified by statute)

Employer Name _____

Street No. Street or PO Box _____ Mail Code (five digit code assigned by DOJ) _____
 _____ () _____
 City State Zip Code _____ Agency Telephone No. (optional) _____

Live Scan Transaction Completed By: _____
Name of Operator Date

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____