

FINGERPRINTING

is being offered at the following location:

**Sonoma Police Department
175 First St. West
Sonoma, CA 95476**

Call ASAP to schedule an APPOINTMENT

707-996-3602

Important Information

**Complete the attached Live Scan form and bring it
with you to the Police Station.**

**Let the Officer know that you are being fingerprinted
for the Mentoring Program.**

*****There is a \$15 charge for fingerprinting which we will
reimburse you for if you bring us the receipt****

The Sonoma Police Dept. accepts CASH & CHECK ONLY

Be sure to bring PHOTO I.D. (Driver's License, Passport, etc.)

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: A5192 Type of Application: Volunteer
Code assigned by DOJ

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

Agency Address Set Contributing Agency:

Sonoma Valley Mentoring Alliance 06049
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

P.O. Box 721 Kathy Witkowicki
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)

Sonoma CA 95476 (707) 938-1990
City State Zip Code Contact Telephone No.

Name of Applicant: (Please print) Last First MI

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

Date of Birth: **Sex:** Male Female **Misc. No. BIL -** N/A
Agency Billing Number

Height: **Weight:** **Misc. Number:** N/A

Eye Color: **Hair Color:** **Home Address:**

Place of Birth: Street No. Street or PO Box
City, State and Zip Code

Social Security Number:

Your Number: N/A OCA No. (Agency Identifying No.)

If resubmission, list Original ATI Number: _____

Level of Service: DOJ FBI

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 _____