State of California Department of Justice

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission	Applicant Submission			
ORI: Type of Application: Code assigned by DOJ Job Title or Type of License, Certification or Permit:				
Agency Address Set Contributing Agency:				
• ,				
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DC	OJ)	
Street No. Street or PO Box		Contact Name (Mandatory for all school s	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	c: Male Female	Misc. No. BIL -	cy Billing Number	
Height: Weight:				
Teigni wongin	<u> </u>			
		Home Address:		
Eye Color: Hair Color	:	Street No. Stre	eet or PO Box	
DI CDISE.		Onocito.	SELOI FO DOX	
Place of Birth:		City, State and Zip	p Code	
Social Security Number:				
Your Number:				
	Identifying No.)	Level of Service: DOJ	FBI	
If resubmission, list Original ATI Number:				
Employer: (Additional response for agencies sp	pecified by statute)			
Employer Name				
Otherst are DO Box		- · · · · · · · · · · · · · · · · · · ·		
Street No. Street or PO Box Mail		ail Code (five digit code assigned by DOJ)		
City State	Zip Code (Age) lency Telephone No. (optional)		
Live Scan Transaction Completed By:		of Operator	Date	
		,		
Transmitting Agency	ATI No.		Amount Collected/Billed	