

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Appointment Date/Time: _____

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: _____ Citizenship: _____
 Home Address: _____

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

City, State and Zip Code

Place of Birth: _____

Social Security Number: _____

Level of Service:

- Check DOJ and FBI for career, critical positions
- Check DOJ only for career non-critical, limited critical, casual-restricted critical, or contract critical positions

Level of Service: DOJ only DOJ & FBI

If resubmission, list Original ATI Number: _____

Live Scan Transaction Completed By: _____
Name of Operator Date

Non-UCR Agency please fax this form to: (951) 827-6493

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

Department: _____ Department Contact: _____ Ext: _____

Recharge Number: _____