

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: _____ Type of Application: _____
Code assigned by DOJ
 Type of License/Certification/Permit OR Working Title: _____

Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

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:** _____

Eye Color: _____ **Hair Color:** _____ **Home Address:** _____
Street No. Street or PO Box

Place of Birth: _____ **City, State and Zip Code** _____

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 _____