STATE OF CALIFORNIA
BCII 8016
(orig. 4/01; rev. 6/09)

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0448
ORI (Code assigned by DOJ)

Employment
Authorized Applicant Type

Employee
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

CA Dept of Social Services
Agency Authorized to Receive Criminal Record Information

03502
Mail Code (five-digit code assigned by DOJ)

PO Box 944243 Mail Station 19-62
Street Address or P.O. Box

N/A
Contact Name (mandatory for all school submissions)

Sacramento CA 94244-2430
City State ZIP Code

N/A
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number 143679
(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: 434406740
OCA Number (Agency Identifying Number)

Level of Service: ☑ DOJ ☑ FBI ☑ Child

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Action Day Primary Plus
Employer Name

06091
Mail Code (five digit code assigned by DOJ

3500 Amber Drive
Street Address or P.O. Box

San Jose CA 95117
City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Matt / Mike / Michele
Name of Operator

Date

Verify Group CK2 / EM3
Transmitting Agency LSID

ATI Number

$30
Amount Collected/Billed

ORIGINAL - Live Scan Operator SECOND COPY - Applicant THIRD COPY (if needed) - Requesting Agency