

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

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 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:

Last First

Driver's License No. _____

Date of Birth: _____

Sex: Male Female

Misc. No. BIL - _____

Agency Billing Number

Height: _____ Weight: _____

Misc. Number: _____

Home Address: _____

Eye Color: _____ Hair Color: _____

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 _____