

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

CITY BUSINESS LICENSE TYPE: _____

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:** _____
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 _____