State of California Department of Justice

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission						
ORI: CA0349400 Type of Application: LICENSE Code assigned by DOJ						
Job Title or Type of License, Certification	on or Permit: (C	Check One)	Secondhar	nd Dealer	Pawnbroker	
Agency Address Set Contributing Agency:						
DOJ/BCIA SECONDHAND DEALER/PAWNBROKER UNIT 05467						
Agency authorized to receive criminal history information			Mail Code (five-digit code assigned by DOJ)			
P.O. BOX 903387			N/A			
Street No. Street or PO Box				Contact Name (Mandatory for all school submissions)		
SACRAMENTO CA	94203-3870		(916) 227-3688			
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 -		nt to pay at Site	
				Agend	cy Billing Number	
Height: Weight: _			Misc. Number:		_	
			Home Address:			
Eye Color: Hair Color	•					
Lye Color Trail Color	•	<u> </u>	Stre	et No. Stre	eet or PO Box	
Place of Birth:						
	_			City, State and Zi	p Code	
Social Security Number:						
DOJ ONLY - DO NOT CHECK FBI						
Your Number:			DC		CHECK FBI	
OCA No. (Agency Identifying No.) Level of Service: DOJ FBI						
If resubmission, list Original ATI Number:						
Employer: (Additional response for agencies s	pecified by statute)					
N/A						
Employer Name						
N/A		<u> </u>		N/A		
Street No. Street or PO Box		Mai	Code (five digit code a			
N/A		()	N/A		
City State	Zip Code	Age	ency Telephone No. (op	tional)		
Live Scan Transaction Completed By:						
		Name of	Name of Operator		Date	
Transmitting Agency	ATI No.				Amount Collected/Billed	