State of California

Department of Justice

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: CA0349400
Code assigned by DOJ

Type of Application: P.O.S.T. Certification (Non-Sponsored)

Job Title or Type of License, Certification or Permit: P.O.S.T. Certification (Non-Sponsored)

Agency Address Set Contributing Agency:

DOJ/Firearms Division
Agency authorized to receive criminal history information

(Leave Blank)
Mail Code (five-digit code assigned by DOJ)

4949 Broadway
Street No. Street or PO Box

(Leave Blank)
Contact Name (Mandatory for all school submissions)

Sacramento Ca. 95820
City State Zip Code

(916) 227-3749
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: (Leave This Blank)
OCA No. (Agency Identifying No.)

Level of Service: ☑ DOJ ☐ FBI

If resubmission, list Original ATI Number: (Leave This Blank)

Employer: (Additional response for agencies specified by statute)

(Leave This Entire Section Blank)
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

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