

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

**Applicant Submission**

ORI: CA0349400 Type of Application: Certification  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: POST Certification

Agency Address Set Contributing Agency:

DOJ Firearms Division  
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

4949 Broadway  
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)

Sacramento CA 95820 ( 916 ) 227-3749  
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: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street No. Street or PO Box

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
City, State and Zip Code

Place of Birth: \_\_\_\_\_

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)

DOJ Firearms Division  
Employer Name

4949 Broadway  
Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)

Sacramento CA 95820 ( 916 ) 227-3749  
City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_  
Name of Operator Date

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_