

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:

Eye Color:

Hair Color:

Home Address:

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