REQUEST FOR LIVE SCAN SERVICE Applicant Submission	
	STATE GAMBLING LICENSE
Code assigned by DOJ Job Title or Type of License, Certification or Permit:	GAMBLING LIC CARD ROOM
Agency Address Set Contributing Agency:	
BUREAU OF GAMBLING CONTROL Agency authorized to receive criminal history information	06197 Mail Code (five digit code assigned by DOJ)
PO BOX 168024	Wall Code (five digit code assigned by Doo)
Street No.Street or P.O. Box	Contact Name (Mandatory for all school submissions)
SACRAMENTO CA 95816	6
City State Zip Code	Contact Telephone No.
Name of Applicant:	
Name of Applicant: (please print) Last	First MI
Alias:	Driver's License No.
Last First	
	Female Misc. No. BIL- Misc. No: Agency Billing Number (if applicable)
Height: Weight:	Misc. No: Agency Billing Number (if applicable)
Eve Color: Hair Color:	Home Address:
	Home Address: Street or P.O. Box
Place of Birth:	
SOC:	City, State and Zip Code
Your Number: CARD ROOM OWNER	Level of Service DOJ FBI
OCA No. (Agency Identifying No.)	
If resubmission, list Original ATI No.	
Employer: (Additional response for agencies specified by statu	ite)
Employer Name	
Street No. Street or P.O. Box	Mail Code (five digit code assigned by DOJ)
City State Zip	Code
City State Zip (
Live Scan Transaction Completed By:	Date:
Transmitting Agency ATI N	lo. Amount Collected/Billed

BCII 8016 (Rev 04/01) ORIGINAL - Live Scan Operator, SECOND COPY - Requesting Agency, THIRD COPY - Applicant