REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0334	**	FINANCE LENDER LICENSE 22101.5 FC					
Code assigned	by DOJ						
Job Title or Type of Licer	nse, Certification, or Permit:	FINANCE LENDER LICENSE					
Agency Address Set	Agency Address Set Contributing Agency:						
DEPARTMENT OF BU	SINESS OVERSIGHT	03918					
Agency authorized to red	ceive criminal history information	Mail Code (five digit code assigned by DOJ)					
320 WEST 4 TH STREET, SUITE 750							
Street		Contact Name					
LOS ANGELES, CA	90013-2344	(866) 275-2677					
City Sta		Contact Telephone No.					
Name of Applicant:							
	Last *	First * MI					
Alias:		Driver's License No.					
Last	First						
Date of Birth:*	Sex: O Male O Fem	ale Misc. NO. BIL-					
Height:* Weight:*		Misc. No:					
Eye Color:*	Hair Color:	Home Address:*					
Place of Birth:*		Street or P.O. Box					
SOC:*							
		City, State and Zip Code					
Your Number:		Level of Service: O DOJ O FBI					
OCA No. (Agency Identifying No.)							
If resubmission, list Original ATI No.							
Employer: (Additional response for agencies specified by statute)							
The solution at response for agents as specimed by statute,							
Employer Name							
DO NOT COMPLE	TE THIS SECTION						
Street		Mail Code (five digit code assigned by DOJ)					
City State	Zip Code	Agency Telephone No. (optional)					
Live Scan Transaction C	Completed by:	Date:					
Transmitting Agency	ATI No.	Amount Collected/Billed					

BCII 8016 (Rev 10/10) **ORIGINAL - LIVE SCAN Operator,** SECOND COPY - Requesting Agency, THIRD COPY - Applicant BC 8018 CFLL (Rev 06/13)

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Alias:			Driver's License No.			
Las	t	First				
Date of Birth:*	Date of Birth:* Sex: Male Fema		ale Misc. NO. BIL-			
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Eye Color:*	Hair Co	olor:	Home Address:*			
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Your Number:			Level of Service: ODOJ OFBI			
OCA No. (Agency Identifying No.)						
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City State	;	Zip Code	Agency Telephone No. (optional)			
Live Scan Transaction Completed by:			Date:			
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City	State Zip (Code	Contact Telephone No.			
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Las	t	First	Mine NO DII			
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Eye Color:*	Hair Color:		Home Address:*			
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