STATE OF CALIFORNIA BCIA 8016CCPP (orig. 04/2001; rev. 09/2010)

REQUEST FOR LIVE SCAN SERVICE

(Check Casher Permit)

Applicant Submission		
ORI (Code assigned by DOJ)	Authorized Applicant Type	
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if	f assigned by DOJ, use exact title assigned)	
Contributing Agency Information:		
Agency Authorized to Receive Criminal Record Information	Mail Code (five-digit code assigned by DOJ)	
Street Address or P.O. Box	Contact Name (mandatory for all school submissions)	
City State ZIP Code	Contact Telephone Number	
Applicant Information:		
Last Name	First Name	Middle Initial Suffix
Other Name (AKA or Alias) Last	First	Suffix
Date of Birth Sex Male Female	Driver's License Number	
Height Weight Eye Color Hair Color	Billing Number (Agency Billing Number)	
Place of Birth (State or Country) Social Security Number	Misc. Number	
Home Address Street Address or P.O. Box	City	State ZIP Code
Your Number: OCA Number (Agency Identifying Number)	Level of Service: DOJ FBI	
If re-submission, list original ATI number: (Must provide proof of rejection)	Original ATI Number	_
Employer (Additional response for agencies specified by statute):		
Employer Name	Mail Code (five digit code assigned by DOJ)	
Street Address or P.O. Box		
City State ZIP Code	Telephone Number (optional)	
Live Scan Transaction Completed By:		
Name of Operator	Date	
Transmitting Agency LSID	ATI Number Amount C	ollected/Billed