REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0334	•••••••	DEFERRED DEPOSIT TRANSACTION LAW LIC	ENSE		
Code assigned by Job Title or Type of License,		DEFERRED DEPOSIT TRANSACTION LAW LICENSE			
Agonov Addross Sot Co	ntributing Agonov:				
Agency Address Set Co DEPARTMENT OF BUSIN		03918			
	e criminal history information	Mail Code (five digit code assigned by	DOJ)		
320 WEST 4 TH STREET, SU	•				
Street	JIL 750	Contact Name			
LOS ANGELES, CA	90013-2344	(866) 275-2677			
City State	Zip Code	Contact Telephone No.			
Name of Applicant:					
	Last *	First * MI			
Alias:		Driver's License No.			
Last	First	, Misc. NO. BIL-			
Date of Birth:*	Sex: 🔿 Male 🔿 Fem				
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)					
	nse for agencies specified by sta	tute)			
Employer Name	nse for agencies specified by sta	tute)			
· ·	nse for agencies specified by sta				
Employer Name	nse for agencies specified by sta	Mail Code (five digit code assigned by I	DOJ)		
· ·	nse for agencies specified by sta		DOJ)		
Street	Zip Code	Mail Code (five digit code assigned by l	DOJ)		
Street City State	Zip Code	Mail Code (five digit code assigned by Agency Telephone No. (optional)			

BCII 8016 (Rev 5/16) ORIGINAL - LIVE SCAN Operator, SECOND COPY - Requesting Agency, THIRD COPY - Applicant BC 8018 CDDTL

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0334 Code assigned by	•••••••	DEFERRED DEPOSIT TRANSACTION LAW LICENSE				
Job Title or Type of License		DEFERRED DEPOSIT TRANSACTION LAW LICENSE				
Agency Address Set Contributing Agency:						
DEPARTMENT OF BUSIN		03918				
Agency authorized to receive 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 State	Zip Code	Contact Telephone No.				
Name of Applicant:						
	Last *	First * MI				
Alias:		Driver's License No.				
Last	First	Misc. NO. BIL-				
Date of Birth:*	Sex: 🔿 Male 🔿 Fem					
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 respo	nse for agencies specified by sta	tute)				
Employer Name						
Street		Mail Code (five digit code assigned by DOJ)				
	Zin Opda					
City State	Zip Code	Agency Telephone No. (optional)				
Live Scan Transaction Completed by:		Date:				
Transmitting Agency	ATI No.	Amount Collected/Billed				
		OND COPY - Requesting Agency THIRD COPY - Applicant				

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Applicant Submission

ORI: A0334	2 1 11	DEFERRED DEPOSIT TRANSACTION LA	W LICENSE		
Code assigned by Job Title or Type of License		DEFERRED DEPOSIT TRANSACTION LAW LICENSE			
Agency Address Set Co	ontributing Agency:				
DEPARTMENT OF BUSIN		03918			
Agency authorized to receive 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 State	Zip Code	Contact Telephone No.			
Name of Applicant:					
	Last *	First *	MI		
Alias:		Driver's License No.			
Last	First	Misc. NO. BIL-			
Date of Birth:*	Sex: 🔿 Male 🔿 Fem	ale			
Height:*	Weight:*	Misc. No:			
Eye Color:*	Hair Color:	Home Address:*			
Place of Birth:*		Street or P.O.	Box		
SOC:*		City, State and Zip Cod	e		
Your Number:		Level of Service: ODOJ OFB			
	No. (Agency Identifying No.)				
If resubmission, list Original ATI No.					
Employer: (Additional response for agencies specified by statute)					
Employer Name					
Street		Mail Code (five digit code assigned	ed by DOJ)		
City State	Zip Code	Agency Telephone No. (opt	ional)		
Live Scan Transaction Completed by:		Date:			
Transmitting Agency					
BCII 8016 (Rev 5/16) ORIGINAL - LIVE SCAN Operator, SECOND COPY - Requesting Agency, THIRD COPY - Applicant					

BC 8018 CDDTL

DBO's Privacy Notice on Collection

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When providing information or documents, please do not include unrequested personal information such as a Social Security number, driver's license number, or financial information.

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- To another governmental agency as required by state or federal law.
- In response to a court order or administrative order, a subpoena or a search warrant.

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