Applicant Submission

ORI: A0334	•••••••	LICENSE CERT OR PERMIT		
Code assigned by				
Job Title or Type of License	, Certification, or Permit:	MORTGAGE BANKER LICENSE		
Agency Address Set Co	ntributing Agency:			
DEPARTMENT OF BUSIN	ESS OVERSIGHT	03918		
Agency authorized to receiv	e criminal history information	Mail Code (five digit code assigned by I	DOJ)	
320 WEST 4 TH STREET, S	UITE 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:	First	Driver's License No.		
Last	_	, Misc. NO. BIL-		
Date of Birth:*	Sex: 🔿 Male 🔿 Fem			
Height:*	Weight:*	Misc. No:		
Eye Color:*	Hair Color:	Home Address:*		
Diago of Dirthi*		Street or P.O. Box		
Place of Birth:*				
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	onse for agencies specified by sta	tute)		
DO NOT COMPLETE THIS SECTION				
Employer Name				
Street			<u> </u>	
		Mail Code (five digit code assigned by D	OJ)	
City State	Zip Code	Agency Telephone No. (optional)		
Live Scan Transaction Completed by:		Date:		
Transmitting Agency	ATI No.	Amount Collected/Billed		
BCII 8016 (Rev 06/13) ORIGINAL - LIVE SCAN Operator, SECOND COPY - Requesting Agency, THIRD COPY - Applicant BC 8018 CRMLA				

Applicant Submission

Code assigned by DOJ Job Title or Type of License, Certification, or Permit: MORTGAGE BANKER LICENSE Agency Address Set Contributing Agency: DEPARTMENT OF BUSINESS OVERSIGHT 03918 Agency authorized to receive criminal history information 320 WEST 4 TM STREET, SUITE 750 Gontact Name LOS ANGELES, CA 90013-2344 (866) 275-2677 City City State Zip Code Contact Telephone No. Name of Applicant:	ORI: A0334		LICENSE CERT OR PERMIT		
Agency Address Set Contributing Agency: DEPARTMENT OF BUSINESS OVERSIGHT 03918 Agency authorized to receive criminal history information 320 WEST 4 TH STREET, SUITE 750 Mail Code (five digit code assigned by DOJ) Street Contact Name LOS ANGELES, CA 90013-2344 (866) 275-2677 City State Zip Code Contact Telephone No. Name of Applicant:	o ,				
DEPARTMENT OF BUSINESS OVERSIGHT 03918 Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ) 320 WEST 4 Th STREET, SUITE 750 Contact Name Street Contact Name LOS ANGELES, CA 90013-2344 (866) 275-2677 City City State Zip Code Name of Applicant:		e, Certification, or Permit:			
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ) 320 WEST 4 TH STREET, SUITE 750 Contact Name LOS ANGELES, CA 90013-2344 (866) 275-2677 City State Zip Code Contact Telephone No. Name of Applicant:	Agency Address Set Co	ontributing Agency:			
Agency additional concerne of means and by monitation Image: Concerne of the con	DEPARTMENT OF BUSIN	NESS OVERSIGHT			
Street Contact Name LOS ANGELES, CA 90013-2344 (866) 275-2677 City State Zip Code Contact Telephone No. Name of Applicant:	Agency authorized to recei	ve criminal history information	Mail Code (five digit code assigned by DOJ)		
LOS ANGELES, CA 90013-2344 (866) 275-2677 City State Zip Code Contact Telephone No. Name of Applicant:	320 WEST 4 TH STREET, S	SUITE 750			
City State Zip Code Contact Telephone No. Name of Applicant:	Street		Contact Name		
Name of Applicant: Last * First * MI Alias:					
Last * First * MI Alias:	City State	Zip Code	Contact Telephone No.		
Alias:	Name of Applicant:				
Last First Date of Birth:* Sex: () Male () Female Height.* Weight.* Hair Color: Misc. NO. BIL- Eye Color:* Hair Color: Place of Birth:* Misc. No: SOC:* City, State and Zip Code Your Number: OCA No. (Agency Identifying No.) If resubmission, list Original ATI No. Employer: (Additional response for agencies specified by statute) DO NOT COMPLETE THIS SECTION Employer Name Street City State Zip Code Mail Code (five digit code assigned by DOJ) Live Scan Transaction Completed by: Live Scan Transaction Completed by:		Last *			
Date of Birth:* Sex: O Male O Female 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: OCA No. (Agency Identifying No.) Level of Service: O DOJ O FBI If resubmission, list Original ATI No. Employer: (Additional response for agencies specified by statute) DO NOT COMPLETE THIS SECTION Mail Code (five digit code assigned by DOJ) City State Zip Code Agency Telephone No. (optional) Live Scan Transaction Completed by: Date:			Driver's License No.		
Date of Birth:		_	Misc. NO. BIL-		
Eye Color:* Hair Color: Home Address:* Place of Birth:* Street or P.O. Box SOC:* City, State and Zip Code Your Number: OCA No. (Agency Identifying No.) If resubmission, list Original ATI No. Level of Service: O DOJ O FBI Employer: (Additional response for agencies specified by statute) DO NOT COMPLETE THIS SECTION Employer Name Mail Code (five digit code assigned by DOJ) City State Zip Code Agency Telephone No. (optional) Date:	Date of Birth:	Sex: () Male () Fem	ale		
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Place of Birth:*	Eye Color:*	Hair Color:	Home Address:*		
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Live Scan Transaction Completed by:	Street		Mail Code (five digit code assigned by DOJ)		
	City State	Zip Code	Agency Telephone No. (optional)		
Transmitting Agency ATI No. Amount Collected/Billed	Live Scan Transaction Completed by:		Date:		
Transmitting Agency ATI No. Amount Collected/Billed					
	Transmitting Agency	ATI No.	Amount Collected/Billed		

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Name of Applicant:				
	Last *	First * MI		
Alias:Last	First	Driver's License No.		
Date of Birth:*	Sex: () Male () Fem	Misc. NO. BIL-		
Height:*	Weight:*	Misc. No:		
Eye Color:*	_ Hair Color:	Home Address:*		
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Transmitting Agency				
RCII 8016 (Roy 06/12) OBICINAL - LIVE SCAN Operator SECOND CORY Requesting Agency THIRD CORY Applicant				

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DBO's Privacy Notice on Collection

DBO Collects and Uses Personal Information: The DBO collects the information requested on this form as authorized by the California Financial Code section 17414.1. The DBO uses this information to investigate the individual's background and qualifications associated with an applicant or a licensee. Use of the personal Information DBO collects is subject to limitations contained in the Information Practices Act of 1977 and other applicable state and federal laws.

Providing Personal Information Is Voluntary: You do not have to provide the personal information requested. If you do not want to provide personal information, such as your name, home address or home telephone number, you may remain anonymous. However, we may not be able to contact you or help resolve your issue.

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.

DBO May Disclose Your Personal Information: We may share your personal information with the Department of Justice's Identification and Information Branch, other federal, state or local law enforcement agencies, or a self-regulatory organization as authorized by law. Your personal information may also be disclosed:

- In response to a Public Records Act request, as allowed by the Information Practices Act.
- 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.

Your Access to Your Personal Information: You may review the records maintained by DBO that contain your personal information. To request access, contact: DBO Privacy Officer, 1515 K Street, Sacramento, CA 95814.

Applicant Submission

Amount Collected/Billed

ATI No.

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