REQUEST FOR LIVE SCAN SERVICE

An	nlicant	Subm	nission
	pricuric	Gunn	11331011

ORI: A0522 Type of Application: Private Investigator Job Title or Type of License, Certification or Permit:						
Agency Address Set Contributing Agency: Bureau of Security & Investigative Services 06078						
Bureau of Security & Investigative Services Agency authorized to receive criminal history information	Mail Code (five digit code assigned by DOJ)					
P.O. BOX 989002	Licensing					
Street No. Street or P.O. Box	Contact Name (Mandatory for all school submissions)					
West Sacramento CA 95798-9002	(916) 322-4000					
City State Zip Code	Contact Telephone No.					
Name of Applicant: (please print) Last First	MI					
Alias:	Driver's License No.					
Last First Date of Birth: Sex:	Misc. No. BIL- Agency Billing Number (if applicable)					
Height: Weight:	Misc. No:					
Eye Color: Hair Color:	Home Address:Street or P.O. Box					
Place of Birth: SOC or ITIN:	City, State and Zip Code					
	—					
Your Number: OCA No. (Agency Identifying No.)	Level of Service X DOJ X FBI					
If resubmission, list Original ATI No.						
Employer: (Additional response for agencies specified by statute)						
Employer Name						
Street No. Street or P.O. Box	Mail Code (five digit code assigned by DOJ)					
City State Zip Code	Agency Telephone No. (optional)					
Live Scan Transaction Completed By: Date:						
Transmitting Agency ATI No.	Amount Collected/Billed					

REQUEST FOR LIVE SCAN SERVICE

ORI: A0522 Type of Application: Private Investigator Code assigned by DOJ Job Title or Type of License, Certification or Permit: Private Investigator						
Agency Address Set Contributing Agency Bureau of Security & Investigativ Agency authorized to receive criminal history info P.O. BOX 989002 Street No. Street or P.O. Box West Sacramento CA City State	e Services	06078 Mail Code (five digit code assigned by DOJ) Licensing Contact Name (Mandatory for all school submissions) (916) 322-4000 Contact Telephone No.				
Name of Applicant: (please print) Last	First		MI			
Alias:	E	_ Driver's License No	0.			
Last Date of Birth: Sex:	First Male Female	Misc. No. BIL-	N/A Agency Billing Number (if applicable)			
Height: Weight		Misc. No:				
Eye Color: Hair Col	or:	Home Address:	Street or P.O. Box			
Place of Birth: SOC or ITIN:			City, State and Zip Code			
Your Number: OCA No. (Agency Identifyi	ng No.)	Level of Service	X DOJ X FBI			
If resubmission, list Original ATI No.						
Employer: (Additional response for agencies specified by statute)						
Employer Name						
Street No. Street or P.O. Bo	K	()	Code (five digit code assigned by DOJ)			
City State	Zip Code	Ager	ncy Telephone No. (optional)			
Live Scan Transaction Completed By: Date:						
Transmitting Agency	ATI No.		Amount Collected/Billed			

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REQUEST FOR LIVE SCAN SERVICE Applicant Submission

Applicant S					
ORI: A0522 Type of Application: Private Investigator					
Job Title or Type of License, Certification or Permit:					
Agency Address Set Contributing Agency:					
Bureau of Security & Investigative Services	06078				
Agency authorized to receive criminal history information	Mail Code (five digit code assigned by DOJ)				
P.O. BOX 989002	Licensing				
Street No. Street or P.O. Box	Contact Name (Mandatory for all school submissions)				
West Sacramento CA 95798-9002	(916) 322-4000				
City State Zip Code	Contact Telephone No.				
Name of Applicant: (please print) Last First	М				
Alias: Last First	Driver's License No.				
Date of Birth: Sex: Male Female	Misc. No. BIL- N/A				
	Agency Billing Number (if applicable)				
Height: Weight:	Misc. No:				
Eye Color: Hair Color:	Home Address:				
	Street or P.O. Box				
Place of Birth:					
SOC or ITIN:	City, State and Zip Code				
Your Number:	Level of Service X DOJ X FBI				
OCA No. (Agency Identifying No.)					
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Employer Name					
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	()				
City State Zip Code	Agency Telephone No. (optional)				
Live Scan Transaction Completed By: Date: Date:					
Transmitting Agency ATI No.	Amount Collected/Billed				

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