## **REQUEST FOR LIVE SCAN SERVICE**

Appl	icant	Subm	ission
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ORI: AA490 Type of Application:	License Cert or Permit		
Prof Fid License 6533 BPC	Professional Fiduciary		
Agency Address Set Contributing Agency:			
Professional Fiduciaries Bureau	11845		
Agency authorized to receive criminal history information	Mail Code (five digit code assigned by DOJ)		
PO Box 989005 Street No. Street or P.O. Box	N/A Contact Name (Mandatory for all school submissions)		
West Sacramento, CA 95798-9005	(916) 574-7340		
City State Zip Code	Contact Telephone No.		
Name of Applicant: (please print) Last First	MI		
Alias:	Driver's License No.		
Last First	Driver's License No.		
Date of Birth: Sex: Male Female	Misc. No. BIL- Applicant Must Pay Agency Billing Number (if applicable)		
Height: Weight:	Misc. No:		
Eye Color: Hair Color:	Home Address:		
Place of Birth:	City, State and Zip Code		
SOC:	-		
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)			
N/A			
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		

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Agency Address Set Contributing Ager	ncy:		
Professional Fiduciaries Bureau	-		11845
Agency authorized to receive criminal history info	ormation	Mail Code (five digit code assigned by DOJ)	
PO Box 989005		N/A	
Street No. Street or P.O. Box		Contact Name (Mandatory for all school submissions)	
West Sacramento, CA 95798-9	005 Zip Code	(916) 574-7340	
City State	Zip Code	Contact Telep	hone No.
Name of Applicant: (please print) Last	First		МІ
		Driveria Lieenee	Nia
Alias:	First	Driver's License	No
Date of Birth: Sex:		Mise No BIL-	Applicant Must Pay
		MISC. NO. <b>DIL</b> -	Agency Billing Number (if applicable)
Height: Weight	::	Misc. No:	
Eye Color: Hair Col	lor:	Home Address:	Street or P.O. Box
Place of Birth:			
			City, State and Zip Code
SOC:		-	
Your Number: OCA No. (Agency Identifyi	ng No.)	Level of Service	X DOJ X FBI
If regularian list Original ATI No			
If resubmission, list Original ATI No.			
Employer: (Additional response for agencies s	specified by statute)		
N/A			
Employer Name			
Street No. Street or P.O. Box	x	Mail	Code (five digit code assigned by DOJ)
City State	Zip Code	()	ncy Telephone No. (optional)
City State	Zip Code	Ager	
		Data	
Live Scan Transaction Completed By: Date: Date:		Date.	
Transmitting Agency	ATI No.		Amount Collected/Billed

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## **REQUEST FOR LIVE SCAN SERVICE**

Applicant Submission

Prof Fid License 6533 BPC       Professional Fiduciary         Agency Address Set Contributing Agency:       11845         Professional Fiduciaries Bureau       11845         Agency address to receive command history information       Mail Code (five digit code assigned by DOJ)         PO Box 989005       N/A         Street No.       Street or P.O. Box         West Sacramento, CA 95798-9005       (916) 574-7340         City       State         Opease print)       Last         Prist       MI         Alias:       First         Last       First         Date of Birth:       Sex:         Weight:       Misc. No:         Eye Color:       Hair Color:         Hair Color:       Home Address:         Street or P.O. Box       Street or P.O. Box         Your Number:       Octa No. (Agency Identifying No.)         If resubmission, list Original ATI No.       Level of Service         Employer: Name       Street or P.O. Box         Mail Code (five digit code assigned by DOJ)       Mail Code (five digit code assigned by DOJ)	ORI: AA490 Type of Application:	License Cert or Permit	
Professional Fiduciaries Bureau       11845         Agency authorized to receive criminal history information       Mail Code (five digit code assigned by DOJ)         PO Box 989005       N/A         Street No.       Street or P.O. Box         West Sacramento, CA 95798-9005       (916) 574-7340         City       State         Zip Code       Contact Name (Mandatory for all school submissions)         Name of Applicant:       (please print)         Last       First         Date of Birth:       Sex:         Weight:       Misc. No.         Eye Color:       Hair Color:         Hair Color:       Home Address:         Street or P.O. Box       Street or P.O. Box         Pour Number:       Contact Telephone No.         City       State         Zip Code       Driver's License No.         Last       First         Date of Birth:       Sex:         Eye Color:       Hair Color:         Home Address:       Street or P.O. Box         Place of Birth:       City, State and Zip Code         OCA No. (Agency Identifying No.)       Level of Service       X DOJ       X FBI         If resubmission, list Original ATI No.       MA         Employer Name		Professional Fiduciary	
Agency authorized to receive criminal history information       Mail Code (five digit code assigned by DOJ)         PO Box 989005       N/A         Street No.       Street or P.O. Box         West Sacramento, CA 95798-9005       (916) 574-7340         City       State         Zip Code       Contact Telephone No.         Name of Applicant:       Mi	Agency Address Set Contributing Agency:		
PO Box 989005       N/A         Street No.       Street or P.O. Box         West Sacramento, CA 95798-9005       (916) 574-7340         City       State       Zip Code         Contact Telephone No.       Contact Telephone No.         Name of Applicant:	Professional Fiduciaries Bureau	11845	
Street No.       Street or P.O. Box       Contact Name (Mandatory for all school submissions)         West Sacramento, CA 95798-9005       (916) 574-7340         City       State       Zip Code         Name of Applicant:	Agency authorized to receive criminal history information	Mail Code (five digit code assigned by DOJ)	
West Sacramento, CA 95798-9005       (916) 574-7340         City       State       Zip Code         Name of Applicant:			
Name of Applicant:	Street No. Street or P.O. Box	Contact Name (Mandatory for all school submissions)	
Name of Applicant:	West Sacramento, CA 95798-9005	(916) 574-7340	
(please print)       Last       First       MI         Alias:	City State Zip Code	Contact Telephone No.	
(please print)       Last       First       MI         Alias:			
Last       First         Date of Birth:		MI	
Last       First         Date of Birth:	Alizat		
Agency Billing Number (if applicable)         Height:       Weight:         Eye Color:       Hair Color:         Billing Number (if applicable)         Misc. No:         Eye Color:       Hair Color:         Place of Birth:       Street or P.O. Box         Place of Birth:       City, State and Zip Code         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)         N/A       Employer Name	Last First		
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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         Employer: (Additional response for agencies specified by statute)       N/A         N/A       Employer Name		Agency Billing Number (if applicable)	
Place of Birth:	Height: Weight:	Misc. No:	
Place of Birth:	Eve Color: Hair Color:	Home Address:	
SOC:		Street or P.O. Box	
SOC:	Place of Birth:		
Your Number:		City, State and Zip Code	
OCA No. (Agency Identifying No.)         If resubmission, list Original ATI No.         Employer: (Additional response for agencies specified by statute)         N/A         Employer Name		_	
If resubmission, list Original ATI No		Level of Service X DOJ X FBI	
Employer: (Additional response for agencies specified by statute) N/A Employer Name			
N/A Employer Name	If resubmission, list Original ATI No.		
Employer Name	Employer: (Additional response for agencies specified by statute)		
	N/A		
Street No.     Street or P.O. Box     Mail Code (five digit code assigned by DOJ)	Employer Name		
Street No.         Street or P.O. Box         Mail Code (five digit code assigned by DOJ)			
	Street No. Street or P.O. Box	Mail Code (five digit code assigned by DOJ)	
( )		( )	
City State Zip Code Agency Telephone No. (optional)	City State Zip Code	Agency Telephone No. (optional)	
Live Scan Transaction Completed By: Date:	Live Scan Transaction Completed By:	Data:	
Live Scan Transaction Completed By: Date: Date:			
Transmitting Agency     ATI No.     Amount Collected/Billed	Transmitting Agency ATI No.	Amount Collected/Billed	

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