

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: CA0190094 Type of Application: LICENSE, CERITFICATION, PERMIT

Code assigned by DOJ

Job Title or Type of License, Certification or Permit:

Agency Address Set Contributing Agency:

LASD MAJOR CRIMES BUREAU, LICENSE

Agency authorized to receive criminal history information

07253

Mail Code (five-digit code assigned by DOJ)

11515 S. COLIMA ROAD, ROOM C-111

Street No. Street or PO Box

BEN GARCIA

Contact Name (Mandatory for all school submissions)

WHITTIER

CA

90604

City

State

Zip Code

(562) 946-7192

Contact Telephone No.

Name of Applicant:

(Please print)

Last

First

MI

Alias: Driver's License No:

Last

First

Date of Birth: Sex: Male Female Misc. No. BIL - APPLICANT TO PAY AT SITE

Sex: Male Female

Agency Billing Number

Height: Weight: Misc. Number:

Home Address:

Eye Color: Hair Color:

Street No. Street or PO Box

Place of Birth:

City, State and Zip Code

Social Security Number:

Your Number: BG443917

OCA No. (Agency Identifying No.)

Level of Service: DOJ FBI

If resubmission, list Original ATI Number:

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

Agency Telephone No. (optional)

Live Scan Transaction Completed By: Name of Operator Date

Transmitting Agency ATI No. Amount Collected/Billed