

# REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

## Applicant Submission

ORI: \_\_\_\_\_ Type of Application: \_\_\_\_\_  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: \_\_\_\_\_

Agency Address Set Contributing Agency:

\_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_  
Agency authorized to receive criminal history information

Street No. Street or PO Box Contact Name (Mandatory for all school submissions) \_\_\_\_\_  
 \_\_\_\_\_ ( ) \_\_\_\_\_  
 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:**  Male  Female Misc. No. BIL - \_\_\_\_\_  
Agency Billing Number

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ Misc. Number: \_\_\_\_\_

**Eye Color:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_ **Home Address:** \_\_\_\_\_  
Street No. Street or PO Box

**Place of Birth:** \_\_\_\_\_ City, State and Zip Code \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

Your Number: \_\_\_\_\_ 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 \_\_\_\_\_