

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: A0857 Type of Application: CONTRACTORS LIC 7069 BP
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: CONTRACTORS LICENSE

Agency Address Set Contributing Agency:
CONTRACTORS ST LIC BD
Agency authorized to receive criminal history information

9821 BUSINESS PARK DRIVE
Street No. Street or PO Box

SACRAMENTO CA 95827
City State Zip Code

()
Mail Code (five-digit code assigned by DOJ)

()
Contact Name (Mandatory for all school submissions)

()
Contact Telephone No.

Name of Applicant: (Please print) Last First MI

Alias: Last First Driver's License No:

Date of Birth: Sex: Male Female Misc. No. BIL - Agency Billing Number

Height: Weight: Misc. Number:

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: JACQUELYN SMITH Date

TCA Name of Operator

Transmitting Agency ATI No. Amount Collected/Billed