

**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:

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

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: \_\_\_\_\_

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: \_\_\_\_\_  
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