

**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

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
Street No. Street or PO Box

Social Security Number: \_\_\_\_\_  
City, State and Zip Code

Driver's License No: \_\_\_\_\_

Misc. No. BIL - \_\_\_\_\_  
Agency Billing Number

Misc. Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI Number: \_\_\_\_\_

Level of Service:  DOJ  FBI

Employer: (Additional response for agencies specified by statute)

Employer Name \_\_\_\_\_

Street No. \_\_\_\_\_ Street or PO Box \_\_\_\_\_  
City State Zip Code

Mail Code (five digit code assigned by DOJ) \_\_\_\_\_  
( )

Agency Telephone No. (optional) \_\_\_\_\_

Live Scan Transaction Completed By: \_\_\_\_\_  
Name of Operator Date

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_