

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

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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:

Eye Color:

Hair Color:

Home Address:

Street No.

Street or PO Box

Place of Birth:

(City, State)

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

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Agency Telephone No. (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

MCSO

\$123.00

Transmitting Agency

ATI No.

Amount Collected/Billed