

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 _____
(City, State)

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 _____

MCSO

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____