

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

**Applicant Submission**

ORI: CA0349400 Type of Application: TRAINING CERTIFICATION  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: P.O.S.T. CERTIFICATION (Non-sponsored 13511.5 PC)

Agency Address Set Contributing Agency:

DOJ/FIREARMS DIVISION 00000  
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

4949 BROADWAY  
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)

SACRAMENTO CA 95820 ( 916 ) 227-3749  
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 - Non-applicable  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. Number: Non-applicable

Home Address: \_\_\_\_\_  
Street No. Street or PO Box

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
City, State and Zip Code

Place of Birth: \_\_\_\_\_

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)

DOJ/FIREARMS DIVISION  
Employer Name

4949 BROADWAY 00000  
Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)

SACRAMENTO CA 95820 ( 916 ) 227-3749  
City State Zip Code Agency Telephone No. (optional)

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

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