

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

*****FOLLOW INSTRUCTIONS BELOW*****

ORI: CA0194200 Type of Application: LICENSE CERT OR PERMIT
Job Title or Type of License, Certification or Permit: OPERATOR, ENTER FIRST TEN NUMBERS→«Account_Number»

Agency Address Set Contributing Agency:
LAPD A14923
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)
P.O. BOX 30158
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)
LOS ANGELES CA 90030 (213) 996-1210
City State Zip Code Contact Telephone No.

*****ENTER INFORMATION FOR 1 – 11b*****

Name of Applicant: 1
(please print) Last First MI
Alias: 2 Driver's License No. 3
Last First 5
Date of Birth: 4 Sex: Male Female Misc. No. BIL- N/A
Height: 6 Weight: 7 Agency Billing Number
Eye Color: 8 Hair Color: 9 Misc No: _____
Place of Birth: 10 Home Address: 11a
11b Street or P.O. Box
City, State and Zip Code
SOC: _____

*****MAKE TWO COPIES. GO TO LIVE SCAN CENTER.*****

Your Number: TRC# Level of Service DOJ FBI
OCA No. (Agency Identifying No.)
If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)
Employer Name *****DO NOT USE THIS SECTION*****
Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)
City State Zip Code ()
Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator
Transmitting Agency _____ ATI No. _____ Amount Collected/Billed

«Account_Number» «Business_Name»

GIVE COPIES OF FORM:
ORIGINAL-Live Scan Operator; **SECOND COPY-SEND TO LAPD;** THIRD COPY-Keep
BCII 8016 (Rev 04/01)