

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 RR (11/09)

Applicant SubmissionORI: CA0349435
Code assigned by DOJType of Application: ☒ Record Review ☐ Foreign Adoption
(Check One Only)

(Job Title) Reason for Application: _____

Agency Address Set Contributing Agency:

California Department of Justice

07041

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

P.O. Box 903417

Record Review Unit

Street No. Street or PO Box

Contact Name

Sacramento

CA

94203-4170

(916) 227-3849

City

State

Zip Code

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: _____

Applicant's Address:

Eye Color: _____ Hair Color: _____

Street No.

Street or PO Box

Place of Birth: _____

City, State and Zip Code

Social Security Number: _____

Daytime Telephone Number

If resubmission, list Original ATI
Number: _____Level of Service: ☒ DOJ Only

Foreign Government Embassy: (MANDATORY FOR FOREIGN ADOPTION REQUESTS ONLY)

Embassy Name

Street No.

Street or PO Box

City

Country

Zip Code

()
Embassy Telephone No. (optional)

Live Scan Transaction Completed By: _____

Name of Operator

Date

Transmitting Agency

ATI No.

Amount Collected/Billed