Transmitting Agency

Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE BCII 8016 (3/07) # is specific to the Applicant Submission	Dopartment of duoties
ORI: 12345 Type of Application:	LICENSE, CERTIFICATION, PERMIT
Code assigned by DOJ Job Title or Type of License, Certification or Permit: REGISTE	ERED NURSE LICENSE
Agency Address Set Contributing Agency: SMITHVILLE HOSTPITAL	12345
Agency authorized to receive criminal history information 1234 JONES ROAD	Mail Code (five-digit code assigned by DOJ) DIRECTOR OF HEALTH SERVICES
Street No. Street or PO Box YOURTOWN CA 95993	Contact Name (Mandatory for all school submissions) (530) 555-1234
City State Zip Code	Contact Telephone No.
Name of Applicant: DOE (Please print) Last If vou were born with a different	JANE ANN
Alias: SMITH JANE Last First	Driver's License No: A1234567 Full middle name
Date of Birth: 01/01/1955 Sex: Male ✓ Female	Misc. No. BIL - 123456 Agency Billing Number
Height: 504 Weight: 160	Misc Number: If # listed, total fee is \$21 CASH
If no billing # listed, fee is \$21 roll fee + additional DOJ/FBI fees Eye Color: BRO Hair Color: BRO	Home Address: 1234 MAIN STREET
Place of Birth: SUNNYVALE, CA	Street No. Street or PO Box SUNNYVALE, CA 95555
City, State \$32	2 CASH if no City, State and Zip Code and additional \$17
Social Security Number: billi	ng # CASH if no billing #
Your Number: OCA No. (Agency Identifying No.) If resubmission, list Original ATI Number:	Level of Service: V DOJ FBI
Employer: (Additional response for agencies specified by statute)	*on occasion additional fees apply when working with Children, Dependant Adults
Employer Name	and Firearms, bring extra CASH
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

ATI No.

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission			
ORI: A12345	Type of Application:	LICENSE, CERTIFICATION,	PERMIT
Code assigned by DOJ Job Title or Type of License, Certificatio	n or Permit: REGISTE	RED NURSE LICENSE	
Agency Address Set Contributing Agency:			
SMITHVILLE HOSTPITAL		12345	
Agency authorized to receive criminal history in	information	Mail Code (five-digit code assigned by D	OJ)
1234 JONES ROAD		SHELLY SMITH	
Street No. Street or PO Box		Contact Name (Mandatory for all school	submissions)
YOURTOWN CA	95993	(530) 555-1234	
City State	Zip Code	Contact Telephone No.	
Name of Applicant: DOE			ANN
(Please print) Last		First	MI
Alias: SMITH	JANE	Driver's License No: A123450	67
Last	First		
Date of Birth: 01/01/1955 Sex:	Male ✓ Female	Misc. No. BIL -	
		Agend	cy Billing Number
Height: 504 Weight: _	160	Misc. Number:	
		Home Address:	
F. Color BPO	BRO	1234 MAIN STREET	
Eye Color: BRO Hair Color:			eet or PO Box
Place of Birth: SUNNYVALE, CA		SUNNYVALE, CA 95555	
Place of Birth. GONNT VALL, CA		City, State and Zi	
Social Security Number: 123-45-678	39		
Your Number:			
OCA No. (Agency lo	dentifying No.)	Level of Service: 🗸 DOJ	FBI
If resubmission, list Original ATI		Ecver of cervice.	, 5,
Number:			
Employer: (Additional response for agencies sp	osified by statute)		
Employer. (Additional response for agencies sp	ecilied by statute)		
Employer Name			
Street No. Street or PO Box	N	fail Code (five digit code assigned by DOJ)	
City)	
City State	Zip Code A	gency Telephone No. (optional)	
Live Scan Transaction Completed By:			
	Name	of Operator	Date
Transmitting Agency	ATI No.		Amount Collected/Billed