

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

is specific to the requesting Agency

ORI: 12345 Type of Application: LICENSE, CERTIFICATION, PERMIT
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: REGISTERED NURSE LICENSE

Agency Address Set Contributing Agency:

SMITHVILLE HOSPITAL 12345
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

1234 JONES ROAD DIRECTOR OF HEALTH SERVICES
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 JANE ANN
(Please print) Last First MI

Alias: SMITH JANE Driver's License No: A1234567
Last First

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

Eye Color: BRO Hair Color: BRO Home Address: 1234 MAIN STREET
Street No. Street or PO Box

Place of Birth: SUNNYVALE, CA SUNNYVALE, CA 95555
City, State City, State and Zip Code

Social Security Number: _____
\$32 CASH if no billing # and additional \$17 CASH if no billing #

Your Number: _____
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI Number: _____

Level of Service: DOJ FBI

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

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

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Job Title or Type of License, Certification or Permit: REGISTERED NURSE LICENSE

Agency Address Set Contributing Agency:

SMITHVILLE HOSTPITAL 12345
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

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 JANE ANN
(Please print) Last First MI

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