STATE OF CALIFORNIA
BCII 8016
(orig. 4/01; rev. 6/09)

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE

Print Form | Reset Form

Applicant Submission

A1098
ORI (Code assigned by DOJ)

LICENSE CERT OR PERMIT
Authorized Applicant Type

GENETIC COUNSELOR
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

CASDNURSING HOME ADMIN
Agency Authorized to Receive Criminal Record Information

03857
Mail Code (five-digit code assigned by DOJ)

P.O. BOX 942732
Street Address or P.O. Box

SARA GOLDMAN
Contact Name (mandatory for all school submissions)

SACRAMENTO — City
CA — State
94234 — ZIP Code

(510) 412-1463
Contact Telephone Number

Applicant Information:

Last Name

First Name — Middle Initial — Suffix

Other Name (AKA or Alias) Last

First — Suffix

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height — Weight — Eye Color — Hair Color

Billing Number 141823
(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number N/A
(Other Identification Number)

Home Address Street Address or P.O. Box

City — State — ZIP Code

Your Number: N/A
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☐ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

N/A
Employer Name

Mail Code (five digit code assigned by DOJ

Street Address or P.O. Box

City — State — ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency — LSID — ATI Number — Amount Collected/Billed

ORIGINAL - Live Scan Operator — SECOND COPY - Applicant — THIRD COPY (if needed) - Requesting Agency