



STATE OF CALIFORNIA
BCII 8016
(orig. 4/01; rev6/09)

REQUEST FOR LIVE SCAN SERVICE

DEPARTMENT OF JUSTICE

Applicant Submission

CA0300000

ORI (Code assigned by DOJ)

MASSAGE TECHNICIAN –

Type of License/Certificate/Permit OR Working Title (Maximum 30 characters – If assigned by DOJ, use exact title assigned)

Contributing Agency Information

ORANGE COUNTY SHERIFF'S DEPARTMENT

Agency Authorized to Reserve Criminal Record Information

P.O. Box 449

Street Address or P.O. Box

Santa Ana

City

CA

State

92702

ZIP Code

LICENSE CERTIFICATE PERMIT

Authorized Applicant Type

04490

Mail Code (five-digit code assigned by DOJ)

Business Licensing

Contact Name (mandatory for all school submissions)

(714) 834-5503

Contact Phone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name

(AKA or Alias Last

First Middle Suffix

Sex Male Female

Driver's License Number

Date of Birth

Billing - (Agency Billing Number)

Height

Weight

Eye Color

Hair Color

Misc. Number (Other Identification Number)

Place of Birth (State or Country)

Social Security Number

Address Street Address or P.O. Box City State ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI Firearms

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)

N/A

Mail Code (five digit code assigned by DOJ)

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

ORINGAL – Live Scan Operator

SECOND COPY – Applicant

THIRD COPY (if needed) – Requesting Agency