

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 RR (11/09)

Applicant Submission

ORI: CA0349435 Type of Application: Record Review Foreign Adoption
Code assigned by DOJ (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: _____ Driver's License No: _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. BIL - _____
Agency Billing Number

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Place of Birth: _____

Social Security Number: _____

Applicant's Address: _____
Street No. Street or PO Box

City, State and Zip Code

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 _____